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SUMMER 1987



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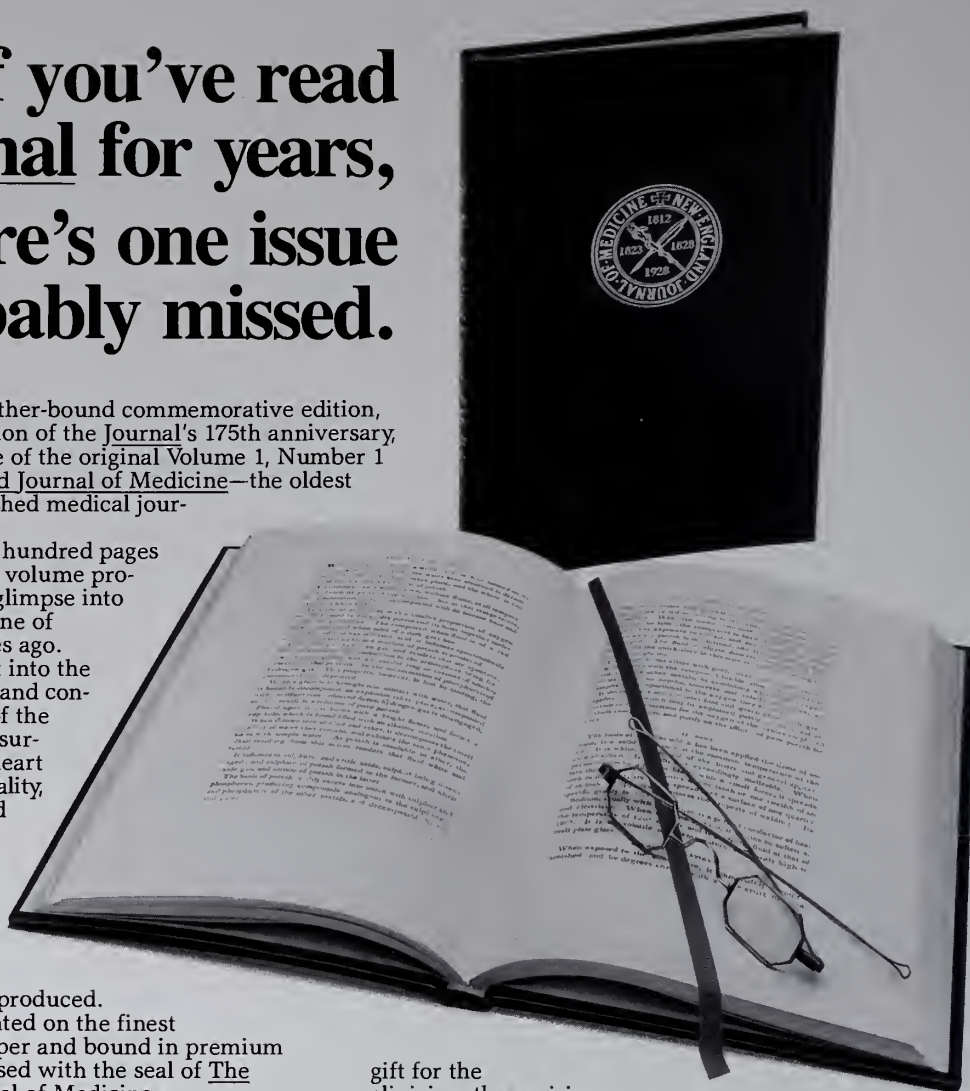
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Cover: Class Day speakers Orah Platt '73 and Victor Sidel '57 pose as the Class of 1987 is photographed behind them on the steps of Building A. Photograph by Ulrike Welsh



# INSIDE H.M.A.B.

**T**he academic summer solstice has come and gone, but its echoes linger in these pages. Nigh to the last gasp of the Old Pathway, Class Day and Alumni Day teemed with nostalgia.

Class Day came first. Graduating seniors Campbell and Sax demonstrated that medical students, despite persistent rumor, are not dehumanized and, when the occasion demands, are educationally equipped to deal with problems as they arise. Information retrieval is fine, but can a computer wing it? Seeking advice from their elders, the students chose Orah Platt to dispell the hideous vision of that year after graduation, internship. Then Victor Sidel disported again among his Olympian friends seeking a vision of the future.

Alumni Day brought forth the wisdom of the season. Beasley described his peregrination among unfriendly organisms in distant lands but, as he is still peregrinating, we have not his manuscript. Gerald Keusch reminisced effectively and thankfully. Henry Vaillant swiftly pictured practice among the "Lilliputs" of Acton, Mass. And then the poems. George Bascom takes his place with Holmes, Zinsser, and Merrill Moore.

Ellen Barlow, our new managing editor, does the honors for the centennial of the NIH. Jim Pittman, president of the alumni council, and Clem Hiebert present a lively profile of our new director of alumni relations, Bill McDermott. Will Cochran returns to Children's with our thanks.

Be not troubled that the troika of the alumni office—director (William McDermott), chairman of annual giving (Joseph Murray), and editor (myself)—are all surgeons. May the pen be mightier than the scalpel, the word processor triumph over electro-cautery.

Kaspedoosit,

—Gordon Scannell

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# ALUMNI COUNCIL: PRESIDENT'S REPORT

## Changing of the Guards

by James A. Pittman Jr.

About a year-and-a-half ago Will Cochran announced his intention to resign from the position of director of alumni relations (DAR) to continue in his active (becoming hyperactive) practice of neonatology at HMS. Not long thereafter Ralph Travis, administrative assistant for the Harvard Medical Alumni Association, announced that the lure of Cape Cod, together with his record of some 28 years at HMS, had convinced him also that the time had come to move south.

*The alumni council came to a series of unanimous decisions, each of which seemed contrary to the previous one.*

Your alumni council wrestled with how best to proceed. We were nothing if not vigorous in our efforts, coming to a series of unanimous decisions, each of which seemed contrary to the previous one. Hence, as I reported to you in the Fall 1986 issue of the *Bulletin*, we decided (unanimously) to abolish the position of DAR entirely and beef up the position of administrative assistant to a more senior managerial job, utilizing the local president-elect in the Boston area to represent the HMAA at ceremonial functions. With two presidents-elect, one would always be from the Boston area, since they alternate in geographic origin. This is the plan reported in the Fall '86 *HMAB*.

However, having given the matter

more thought, the council at its next meeting rescinded this action (again unanimously) and decided to ask Dave Marcello and his committee to prepare job descriptions for the two positions. These would entail expanded responsibilities for the administrative assistant, still to be a senior person, and somewhat altered duties for the DAR. The new responsibilities of the DAR would address the difficulties any active practitioner and teacher would have in working in the old DAR fashion while continuing to stay alive in medical practice.

When Dave Marcello's committee produced two job descriptions for the two positions, the search was on. Fortunately, William V. McDermott '42 was not only selected by the council, but also agreed to serve.

For those of you who do not know him yet, Bill McDermott, better known as Cassius Clay's herniorrhaphist, is a general surgeon born in Salem, Massachusetts. He did his internship at the Mass. General in 1942-43, earned a Bronze Star in the European Theater of Operations during World War II, and then went through the obligatory assistant residencies in surgery before finishing as chief resident at MGH in 1950. He entered academic practice in Boston, based first at MGH, later at Boston City Hospital, and in recent years at New England Deaconess Hospital. There will probably be more about him in these pages in the days ahead. We all welcome him into the fray, since that is what medicine has become. We shall look to him for seasoned advice.

Class Day and the alumni festivities of June 11th and 12th, and the following weekend, though a bit wet, went very well. The opportunity to catch up on medical school friendships and subsequent careers seemed well utilized by all.

Application of the principles of southern politics has made me your

president for yet another year, and present plans call for no repeat two-year presidents. We said this one was needed to adjust for the logistics involved in getting rid of the position of past president and generating two presidents-elect (P-1 and P-2). I am currently working on a plot to take over the office permanently, but a few details remain to be developed. □

*James A. Pittman Jr. '52 is dean, professor of medicine, and professor of physiology at University of Alabama School of Medicine in Birmingham.*

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# LETTERS

## On Doctors as Patients

The Winter 1986-87 issue of the *Bulletin* could have been written for me. In 1952, while attending a neurology lecture as a third-year student, I diagnosed myself as having multiple sclerosis. I was told that "all medical students have every disease." I wish my professors had been correct and I had been wrong. In spite of my diagnosis, I continued athletics (I loved skiing, swimming, and tennis), and told no one of my problems. Ignoring my MS, I also selected a medical specialty that was physically strenuous.

I married and told my wife, but we didn't mention it again for 10 years. In the meantime, I fathered two sons (now 24 and 27) who also love skiing. (Neither of them are MDs.)

In 1962, 10 years after my own diagnosis of multiple sclerosis, I started to limp, and multiple sclerosis was officially diagnosed. In 1975, I discontinued skiing. In 1979, I gave up my clinical practice and my associate professorship at a medical school in New York. I did full-time paperwork for the U.S. Department of Health. In 1982, when I could no longer concentrate or keep my eyes open, I resigned. I had to stop driving my car (even with hand controls). As I can no longer walk, I use an

"amigo" which is a glorified tricycle.

Instead of seeing children, I now get physio-therapy twice a week myself. I wish I could have continued medicine like Benson Roe '43A who was one of my attending MDs in San Francisco in 1953. But as I am still operational from my waist up, and am still self-sufficient, I consider myself lucky.

My very best to all my classmates.

—Charles H. Bauer '53

The Winter 1986-87 *Bulletin* describes the situation of the MGH children's service at the time of Allen Butler's appointment: "the sparrows flitting in and out of the windows of Ward F delighted the children . . ."

It was my good fortune in December 1940, along with another HMS IV, to be assigned to pediatrics at MGH. It was a delightfully human and humane experience. Along with the sparrows, a gentle breeze of caring wafted in the windows with never the slightest zephyr of pseudohypoparathyroidism emanating from Longwood Avenue. Presiding over this proper humanity was a rotund, unruffled Bostonian, Professor Higgins. He made daily bedside rounds and sat with us in the ward office without finding it necessary to badger us about calcium metabolism.

It seemed to us, as students, that the cold scientific world of medicine was not wholly bad as long as there was a place for Professor Higgins and sparrows at MGH.

—Andrew Kerr Jr. '41

## Berry Brought Back

The Spring issue of the *Bulletin*, as well as the recent gift of \$20 million to Harvard Business School for the purpose of teaching ethics, have prompted this reminiscence.

In January 1961, I had just returned to Peter Bent Brigham Hospital to complete my surgical residency after having been in Gabon with Albert Schweitzer for the preceding two months. Because of circumstances fortunate for me, Schweitzer needed a general surgeon since his previous one had forsaken the jungle for marriage. I was very pleased to go, especially because I had written Schweitzer a few years before to offer my services. At that time, he had written me a kind note saying that although he appreciated my willingness to serve and the fact that I spoke French, he did not then have enough sleeping facilities to accommodate me.

That my experience in Lambarene was singular needs no embellishment here. Aside from the obvious surgical aspects of my being there, Schweitzer's many achievements and complex personality fascinated me, as they have many others. Conversations with him made me much more aware of the importance of ethics in the practice of medicine—ethics including the bedside but extending beyond. The priorities of medicine, for example, in have and have not countries; the participation of the physician in war; the focus of most medicine on treatment rather than prevention.

In my enthusiasm after my stay with Schweitzer, I found a family friend willing to fund a chair of ethics at HMS. The plan was that he would make a sizable donation which others, including the school, would match. Naturally, I was delighted, especially if the chair would carry Schweitzer's name. What better way, I thought, to perpetuate his work?

The next step was obvious: see the dean, George Packer Berry. I got an appointment without difficulty and 9:30 one crisp March morning, girded in my whites, I was in his office. My exhilaration at the prospect of the Albert Schweitzer Chair of Ethics dispelled my fatigue from having been in the operating room.

Although Berry had been my dean for the four years I was at HMS, I never had personal contact with him beyond a passing greeting in the quadrangle or at a class function. Yet I had studied his mannerisms in detail so that I could impersonate him in the Aesculapian show. With a pillow in my trousers and in a pair of steel-rimmed glasses, I had performed well enough for Berry to come backstage to compliment me. He termed my acting "frighteningly realistic." This thes-

## Pat on the Back

The Council for Advancement and Support of Education (CASE) recently awarded the *Harvard Medical Alumni Bulletin* a silver medal in its "Magazine for the Decade" category. CASE runs an annual competition for publications.

pian episode recurred in my memory as I sat in Berry's office. Now there was no question of who was dean.

He listened to my reason for seeing him. He did not inquire about Schweitzer or his hospital. He did ask, however, how much money was in question. That the gift might be a few hundred thousand dollars impressed him not, although it impressed me mightily in view of my resident's salary in 1961.

"The issue, Goldwyn, transcends money," he said leaning back in his chair, his hands clasped behind his neck.

"If we are to have a professorship of ethics here, it would imply that no ethics existed at this medical school."

The dean looked at me intently. I was not prepared for this argument. I frankly anticipated that he would ask where we could procure more funds. Nevertheless, having been with Schweitzer had given me so much confidence that even the dean of HMS could not intimidate me into silence.

"Dean Berry," I replied, "we have a chair of chemistry, one of surgery, just to name a few. Does that imply that those subjects do not exist here at Harvard?"

"Not the same thing at all," Berry replied, easily turning aside my riposte without elaboration. He pushed his chair away from the desk and my eight minutes with him were up. He did accompany me, however, to the entrance of Building A, with his arm on my shoulder. He opened the door for me (an extraordinary gesture, I thought at the time), and pointed to the School of Public Health.

"President Jim Conant told me that one of the worst developments for medicine here at Harvard was a separate school of public health. He said it should have all been within this medical school."

So on this issue of separatism the dean and I parted. My donor's money went elsewhere, and everyone at Harvard lived ethically ever after.

—Robert M. Goldwyn '56

Perhaps Dean George P. Berry's executive secretary, Barbara Ford, alone knew the level of his commitment to Harvard Medical School. As his dermatologist, I had the privilege of meeting him following an especially heavy schedule. He developed a pesky, uncomfortable stress-related blistering of the hands and feet that

put him in tennis shoes for several days, and compromised work with his hands. For this problem, he had mistakenly been placed on oral prednisone by his physician.

On his first visit to me, he said that the evening before had marked his 31st *consecutive* dinner meeting; he had pushed on without a break, 14 hours a day. Upon hearing this I gave him a new prescription, which I wrote out on a prescription blank: "Two weeks on Nantucket"—a place he loved. This had to be renewed on subsequent occasions, always just before the Christmas break, and in

the late spring as the academic year was winding up. He followed my prescription, and his dermatitis disappeared.

In my visits with Berry, in his office or in Longwood Towers, I perceived this impressive leader as a lonely (he did not marry for a second time until he left Boston), shy person, all of whose energies and passions were concentrated on HMS. Ralph Waldo Emerson summed it up: "All history resolves itself very easily into the biography of a few stout and earnest persons."

—Thomas B. Fitzpatrick '45

## CAMPAIGN REPORT

### How Endowment Functions

*A question frequently asked of HMS fundraisers is why the medical school needs more money when it has such a large endowment. The following article, based on interviews with Treasurer of Harvard College Roderick MacDougall, and Financial Vice President Tom O'Brien, addresses this question. It is excerpted from an article that first appeared in the April 10, 1987 Harvard Gazette.*

The subject of endowment is frequently misunderstood. Usually the only fact concerning endowment commonly reported is its total value. What goes unreported is how endowment functions, what it makes possible, and how the university would have to change if the endowment were smaller or nonexistent.

On June 30, 1986, Harvard's endowment stood at \$3.4 billion. If the robust stock market continues, there is a strong possibility that Harvard's endowment will pass the \$4 billion mark when the university ends its fiscal year in three months [July 1, 1987].

This impressive growth in market value does not translate into more money for Harvard's schools and de-

partments, however, unless the "spending rate," or the share of endowment income paid out, is increased. In recognition of the endowment's current high market valuation, the increase in payout for the next fiscal year has been set at 7 percent, the highest annual spending rate increase in recent history. If the endowment grows next year as projected, this decision will reverse a long history of decline in endowment income as a percentage of total income required to run the university.

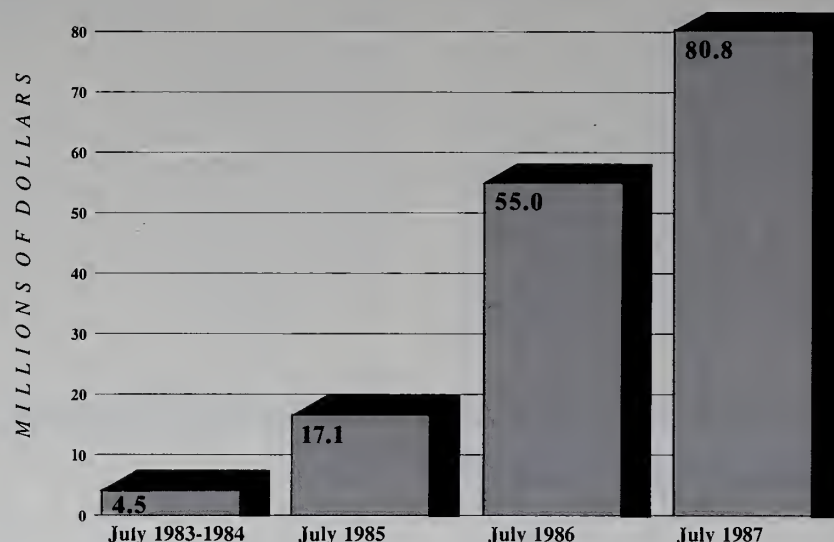
*What is endowment?*

Endowment is the capital of a nonprofit institution, formed through gifts of cash, securities, and other properties by individuals, corporations, and foundations. Institutions such as Harvard use the income from their endowment to cover a portion of their operating expenses. Most endowment income is restricted to a specific use established by the initial donor of the funds.

The income earned by endowment that is not paid out to cover expenses is reinvested in the market to help assure that long-term endowment growth can keep up with inflation. Setting the spending rate is an exer-



## Campaign for the Third Century of Harvard Medicine



The Campaign ended its first year on June 30, 1987, having raised \$80.8 million in gifts and commitments. The Campaign goal is \$185 million.

cise in trying to fairly balance the needs of this generation with those of the next.

At Harvard the spending rate is set each year by the Corporation, based on advice from the endowment committee. That committee consists of the president, treasurer, and financial vice president of the university; representatives from business, legal, and economic disciplines within the faculty; and the president of the Harvard Management Company, the separate, wholly owned corporation responsible for managing Harvard's investment portfolio.

Endowment income has played a decreasing role in covering Harvard's expenses. At the beginning of this century the income from endowment covered one-half of all the expenses of running the University. Even at that time there was concern about the endowment's diminishing role, since there had been a steady decline from 60 percent of expenses 30 years earlier.

Harvard in 1987 must balance its books with the endowment income covering only 17.5 percent of expenses. Harvard's seemingly impressive \$4-billion endowment carries about one-third of the expense load that the endowment of 1900 carried.

Those involved in managing Harvard's financial affairs express a strong need to build a larger endowment. One of that group, Treasurer

Roderick MacDougall, says: "Our margin of excellence is not unrelated to the margin by which our endowment income, as a percentage of expenses, exceeds that of other universities. Top quality faculty and scholarship dollars to fund a need-blind admissions policy, for example, cannot be sustained if endowment income fails to carry its share of the load."

Total endowment income to be distributed next year will be augmented not only by the planned 7 percent increase on existing funds, but also by income from new funds that will be added to the endowment through fundraising. Over the past decade fundraising has added an average of 3 percent per year to the growth in endowment income.

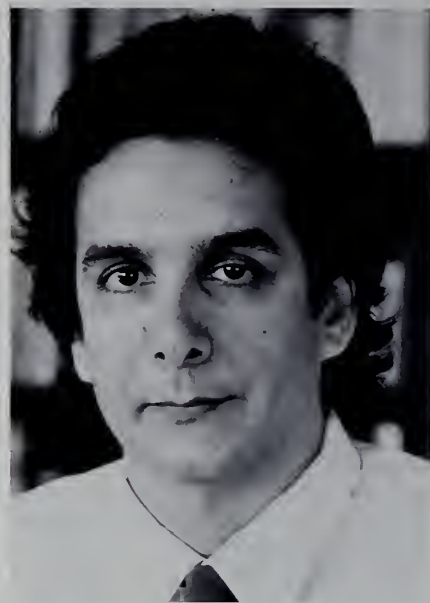
The long-run objective is to ensure that the value of existing endowment funds can grow at a rate equal to inflation while generating a predictable stream of spendable income that would also grow at a rate equal to inflation. □

*At the medical school, the endowment has risen from \$91.3 million in 1970 to \$413.5 million in 1986, as a result of good investments and fundraising. In 1970, however, that money covered 20 percent of departmental expenses; the current endowment provides only 12 percent of expenses.*

## PULSE

### Psychiatrist/Writer Wins Pulitzer Prize

Charles Krauthammer '75, a psychiatrist-turned-journalist and social commentator, has been awarded the 1987 Pulitzer Prize for Commentary. Krauthammer is currently senior editor of *The New Republic* and writes a weekly column in the *Washington Post* that is syndicated to more than



Charles Krauthammer

50 American cities. His book *Cutting Edges. Making Sense of the '80s* (1985) is a collection of articles originally published in *The New Republic*, the *Washington Post*, and *Time Magazine*. In it, Krauthammer comments on morals, war, religion, and economics; exposes myths; and illuminates political trends.

Krauthammer's serious look at serious issues alternates with a more comic air. When the ruling party won an election in Tirana, Albania with a



1,627,959 to 1 margin, Krauthammer wrote a column introducing "the Tirana index"—the greater the margin any government wins by, the more tyrannical it is.

Krauthammer's essays have been called "intellectually tough and morally serious." One critic wrote that Krauthammer moves "with a kind of nervous grace along the boundary line between old liberalism and neoconservatism, and he has something to teach the people on either side."

Before coming to HMS, Krauthammer studied political philosophy at Balliol College, Oxford. A diving accident between his first and second years at HMS left him dependent on a wheelchair but didn't stop him from graduating with his class and completing his residency in psychiatry at Massachusetts General Hospital.

Krauthammer moved to Washington after his residency to direct planning in psychiatric research at the National Institutes of Health. Since then, he has become a full-time editor/commentator in Washington. His writings also won the 1984 National Magazine Award for Essays and Criticism. □

## Isselbacher To Head Integrated Cancer Research

Kurt Isselbacher '50, Mallinckrodt Professor of Medicine at HMS, has been appointed head of an expanded cancer research program sponsored by Massachusetts General Hospital. The research will be housed in new facilities at the old Charlestown Naval Shipyard.

"The opportunity has never been better for advances in cancer research at a basic and clinical level," says Isselbacher. "The recent discoveries in molecular biology and genetics, improved methods of patient care, and the caliber of young physicians now entering cancer research all contribute to making this the best of times."

Isselbacher believes that interdisciplinary collaboration will be essential to fulfilling the promises of cancer research. He is particularly excited about the new Charlestown facility because, with 55,000 square feet per floor, it is large enough to allow a considerable number of scientists to work closely together. "Activities in many different fields will proceed on the same floor," explains Isselbacher.

PHOTO BY SHARON BRAU



Kurt Isselbacher

"The environment will allow intellectual contributions to be widely shared."

Recognized as one of the nation's leading physician/scientists, Isselbacher brings a wealth of experience in cancer research to the new center. Appointed chief of the MGH Gastrointestinal Unit at the age of 31, he has served in that role for the past 30 years. In 1971, he conducted pioneering research of tumor cell nutrient uptake, and two years later became the first gastroenterologist to be elected to the National Academy of Sciences. More recently, he has been studying gastrointestinal diseases and cancer, including the molecular and immune alterations brought on by colitis and colon cancer. □

## Departments Joined Under New Leadership

The departments of biological chemistry and molecular pharmacology at Harvard Medical School have merged under the leadership of Christopher T. Walsh, PhD. Walsh, an enzymologist who was previously chairman of chemistry at MIT, joined the HMS faculty this summer as the new David Wesley Gaiser Professor.

In announcing the departmental change, Dean Daniel Tosteson said that the unification of biological chemistry and molecular pharmacology at Harvard "signifies the closer symbiosis made possible by recent



Christopher Walsh

trends in both fields. The importance of chemistry for the future of biology and medicine has become increasingly evident, and there is a widely-held perception that fundamental chemistry is under-represented at the quadrangle."

New techniques to study the structure of organic molecules, "open up new avenues for drug design, and make the marriage of biological chemistry and molecular pharmacology increasingly sensible," continued the dean.

Walsh was chosen to head the new combined department, in part because his research interests span the disciplines of chemistry, biochemistry, and pharmacology. Walsh's research has focused on enzyme reaction mechanisms, particularly those which may be targets for more effective drug therapies. He plans several

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initiatives for the new department, including studies of molecular structures through X-ray crystallography, biological magnetic resonance spectroscopy, computer graphics, and mathematical modelling.

Walsh will be the third incumbent of the Gaiser Professorship, which was established in 1965 by the wife and children of David Wesley Gaiser '31. David Gaiser died in 1985. □

## Challenging Issues at Black Alumni Day

HMS black alumni and other medical professionals met on Black Alumni Day in April to discuss some challenging issues in medicine for minorities. Black Alumni Day was designed to recognize the accomplishments of black graduates and to "strengthen cohesiveness," according to Daveed Frazier, a second-year student who organized the event with others in the Black Health Organization. They also hoped the alumni would serve as role models for students.

Edith Irby Jones, who is instructor in medicine at Baylor University Medical School and University of Texas Medical School, delivered the Hinton-Wright lecture on "Health Care Needs for the Minority Population." Jones stated that because lung, cervical, and prostate cancer all have significantly higher incidence in



*Participants at Black Alumni Day listen to panel discussion.*

blacks than whites, it is vital that black physicians look to minority lifestyles for answers to these diseases. Blacks must fight a health care system that increasingly excludes high-risk patients, she added. "We can't permit the elderly and the poor to become victims of bias in health care."

The day's activities also included a panel discussion on future opportunities for minority physicians, and

seminars on careers in hospital administration, biomedical research, pediatrics, and anaesthesiology. Panel members included: Woodrow Myers '77, Indiana State Commissioner of Health; Kenneth Bridges '76, assistant professor of medicine at Brigham and Women's Hospital; Nancy Oriol '79, instructor in anaesthesia at Beth Israel Hospital; Nicole Prudent, HSPH '83; and Ann Als, assistant professor of radiology at Beth Israel.

At one point during the day, Daveed Frazier presented Myers, one of the panelists, with an award for his contributions to health care at the state and federal levels. In accepting the award, Myers emphasized that a physician with a combined degree has an advantage over other physicians and, because of a broader education, has more credibility. □



*David Freiman, Edward Bland, David Hurwitz, Stone Freedberg, Elwood Henneman and other emeritus faculty chat before lunch.*

## Emeritus Faculty Honored at Luncheon

Emeritus faculty and their spouses braved snow showers on April 28 to gather at the medical school for a luncheon held in their honor. The 54 former faculty members in attendance reminisced, posed for group photos, and were updated on new developments in research and teaching.

Daniel Federman '53, dean for students and alumni, was first to welcome the guests, whom he said repre-





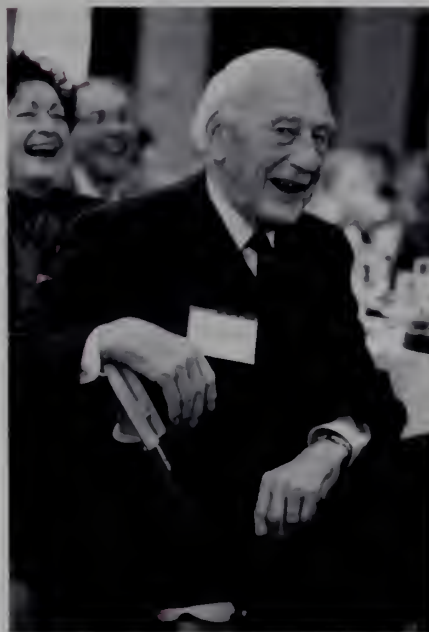
*Chui-An Wang*



*Thomas Ballantine, Ellen and Brad Cannon*



*Group photo at emeritus luncheon*



*Claude Welch*



*Kendall Emerson, Don Fawcett, Herman Kaleker, Oliver Cope and others on stairway*



*James Tullis and wife, Marjorie*



*In foreground, Mitchell Spellman, Gustave Dammin, and Lewis Dexter*

sented "the heroes, traditions, and values of Harvard Medical School." Federman recalled his own student days when he was influenced by many of the emeritus faculty present.

He then described his most recent encounter with one of them—last May he ran into Ed Bland seeing patients at Massachusetts General Hospital. "I think Ed was 82 or 83, and I'm pretty sure he was the oldest person ever actively practicing at Mass. General," said Federman. "I walked up to him, told him how delighted I was

to see him, and asked something you've all been asked some time or other: 'Are you working full time?' Ed looked at me and said, 'Aren't you?'"

Dean Daniel Tosteson '48 spoke next, acknowledging the importance of faculty/student interaction in teaching. He told the group that when he asks alumni what they remember most about their days at HMS, the response is almost never about ideas or theories. "I almost always hear one or several of your names." □

## Off to the Hospitals!

The good news is that 87 percent of all Harvard students entering the match received one of their top three choices, and nearly half will be training at Harvard-affiliated teaching hospitals for one or more years.

As in the past, more graduates (46) chose medicine than any other specialty. The number selecting surgery followed (21) and pediatrics (14) ran neck and neck with primary care (12) for third place. While surgery and primary care were more popular this year (last year's figures were 17 and 7 respectively), pediatrics fell from 17 last year and family practice dropped from 6 to only 2. Though at HMS the number choosing medicine rose by 3 students over last year, nationally it has dropped off. Ophthalmology, which has been steadily attracting more graduates, claimed 9 from HMS this year compared to 6 the year before. Orthopedics, with 4 graduates this year, has become the hardest specialty to place into.

Match envelopes were opened at the traditional luncheon held for graduates and their families in the faculty room. On Match Day, March 18, students nationwide received their letters at noon. Following is a list of graduates and their matches.

### ANAESTHESIA

**Brown, Emery**  
Massachusetts General Hospital

**Guyton, Thomas**  
University of Florida Medical Center/  
Shands Hospital

**Leum, Linda**  
University of California/ San Francisco

**Potter, Jennifer**  
Beth Israel Hospital, MA

### EMERGENCY MEDICINE

**Jotte, Randall**  
George Washington University, DC

### FAMILY PRACTICE

**Oyer, Deborah**  
Providence Medical Center, WA

**Potter, Camilla**  
University of Massachusetts Coordinated  
Programs

### MEDICINE

**Aisenberg, James**  
Presbyterian Hospital, NY

**Anderson, Susan**  
University of California/ Davis

**Aviles, Louis**  
Montefiore Medical Center, NY





**Ayanian, John**  
Brigham & Women's Hospital, MA

**Bach, David**  
Mt. Sinai Hospital, NY

**Berger, Ronald**  
Brigham & Women's Hospital, MA

**Buchthal, Rebecca**  
Beth Israel Hospital, MA

**Burley, Stephen**  
Brigham & Women's Hospital, MA

**Campion, Francis**  
New England Deaconess Hospital, MA

**Carlson, Letitia**  
University of Washington Affiliated, WA

**Cigarroa, Carlos**  
University of Washington Affiliated, WA

**Cryns, Vincent**  
Massachusetts General Hospital

**Cummings, David**  
University of Washington Affiliated, WA

**Fendrick, A. Mark**  
Hospital of University of Pennsylvania

**Fox, Ellen**  
Yale-New Haven Hospital, CT

**Fung, Claire**  
Massachusetts General Hospital

**Glassman, Robert**  
Hospital of University of Pennsylvania

**Greco, Peter**  
Brigham & Women's Hospital, MA

**Hibberd, Mark**  
Massachusetts General Hospital

**Ho, Kalon**  
Brigham & Women's Hospital, MA

**Hsu, Frank**  
University of California/ San Francisco

**Iralu, Jonathan**  
Brigham & Women's Hospital, MA

**Jean-Claude, Yveline**  
New York Hospital

**Koritz, Timothy**  
U.S. Air Force

**Libby, Eric**  
University of California/ San Francisco

**Locke, Giles**  
University of Minnesota Hospitals

**Marcantonio, Edward**  
Brigham & Women's Hospital, MA

**Martin, Thomas**  
University of Pittsburgh Health Center, PA

**McNamara, Dennis**  
Massachusetts General Hospital

**Mohrbacher, Ann**  
Brigham & Women's Hospital, MA

**Plon, Sharon**  
University of Washington Affiliated, WA

**Reicin, Alise**  
Presbyterian Hospital, NY

**Reis, Steven**  
Brigham & Women's Hospital, MA

**Roth, David**  
New England Deaconess Hospital, MA

**Sax, Paul**  
Brigham & Women's Hospital, MA

**Schran, Mary Ann**  
Boston City Hospital, MA

**Seamster, Roderick**  
V.A. Medical Center/ Long Beach, CA

**Simon, Daniel**  
Brigham & Women's Hospital, MA

**Smith, Joseph**  
Brigham & Women's Hospital, MA

**Tetef, Merry**  
UCLA Medical Center

**Thaler, Scott**  
Beth Israel Hospital, MA

**Vaughn, David**  
New York Hospital

**Waldstreicher, Joanne**  
Beth Israel Hospital, MA

**Warner, Margaret**  
Brigham & Women's Hospital, MA

**Wezenter, Barbara**  
Montefiore Medical Center, NY

**Wilson, Ira**  
Beth Israel Hospital, MA

## NEUROLOGY

**Carrazana, Enrique**  
Harvard-Longwood Area, MA

**Lindsey, John**  
Stanford University, CA

**Rando, Thomas**  
University of California/ San Francisco

## NEUROSURGERY

**Butler, William**  
Massachusetts General Hospital

**Rosenberg, William**  
Massachusetts General Hospital



## OB/GYN

**Creatura, Chris**  
New York Hospital

**Dreesen, Elizabeth**  
Brigham & Women's Hospital, MA

**Leonard, Garrick**  
New York Hospital

**Montgomery, Valerie**  
Emory University, GA

**Orendain, Nancy**  
University of Texas-S.W.

## OPHTHALMOLOGY

**Budenz, Donald**  
Scheie Eye Institute, PA

**Jacobs, Deborah**  
Massachusetts Eye and Ear Infirmary

**Romanelli, John**  
Manhattan Eye, Ear & Throat, NY

**Simmons, Ruthanne**  
Duke University, NC

**Sperber, David**  
Mt. Sinai/ City University, NY

**Tyson, Sydney**  
Wills Eye Hospital, PA

**Wagner, David**  
University of Southern California

**Wong, Chi-Hung George**  
Bascom Palmer Eye Institute, FL

**Wu, Wilson**  
Johns Hopkins/ Wilmer Institute, MD

## ORTHOPEDICS

**Blue, Brian**  
University of Virginia

**Laurencin, Cato**  
Massachusetts General Hospital

**Ollivierre, Felicia**  
Montefiore Medical Center, NY

**Trice, Michael**  
Massachusetts General Hospital

## OTOLARYNGOLOGY

**Postal, William**  
New England Medical Center, MA

## PATHOLOGY

**Doerschuk, Peter**  
Brigham & Women's Hospital, MA

**Frosch, Matthew**  
Brigham & Women's Hospital, MA

## PEDIATRICS

**Alter, Craig**  
Children's Hospital, MA

**Andrews, Nancy**  
Children's Hospital, MA

**Baker, Elissa**  
Children's Hospital/ San Francisco, CA

**Campo, Stephen**  
University of California/ San Francisco

**Cohen, Evelyn**  
Children's Hospital, MA

**Frank, Carolyn**  
Children's Hospital, MA

**Hampton, Jacqueline**  
Montefiore Medical Center, NY

**Lengyel, Carole**  
Massachusetts General Hospital

**Meltzer, Catherine**  
Children's Hospital, MA

**Oettgen, Hans**  
Children's Hospital, MA

**Shipley, Linda**  
Children's Hospital, MA

**Tripi, Paul**  
Children's Hospital, MA

**Vaello, Bettina**  
Baylor College of Medicine, TX

**Waldmann, Richard**  
University of Utah Affiliated Hospitals

## PHYSICAL MEDICINE AND REHABILITATION

**Johnson, Vietta**  
Presbyterian Hospital, NY

**Kerrigan, Casey**  
West Los Angeles V.A. Medical Center, CA

**Reid, Malcolm**  
Presbyterian Hospital, NY

## PRIMARY CARE

**Baker, James**  
University of Alabama Hospital

**Conigliaro, Joseph**  
Bronx Municipal Hospital, NY

**Costanzo, Joseph**  
Bronx Municipal Hospital, NY

**Ellman, Matthew**  
New York University Medical Center

**Fingold, Diane**  
Massachusetts General Hospital

**Gourevitch, Marc**  
New York University Medical Center

**Le, Khoi**  
Massachusetts General Hospital



**Nguyen, Minh-Huyen**  
Massachusetts General Hospital

**O'Donnell, Christopher**  
Massachusetts General Hospital

**Pinsker, Judith**  
Rhode Island Hospital

**Ronan, Laurence**  
Massachusetts General Hospital

**Slayton, Val**  
Massachusetts General Hospital

## PSYCHIATRY

**Bing, Eric**  
UCLA Neuropsychiatric Institute

**Cherry, Sabrina**  
Presbyterian Hospital, New York

**Domb, Jane**  
Cleveland Clinic Foundation, OH

**Leeman, Eve**  
Presbyterian Hospital, NY

**Menninger, Eliza**  
McLean Hospital, MA

**Triebwasser, Joseph**  
McLean Hospital, MA

**Winkelman, John**  
Massachusetts General Hospital

## RADIATION THERAPY

**Ha, Chul**  
Joint Center for Radiation Therapy, MA

**McDonald, Janice**  
Massachusetts General Hospital

## RADIOLOGY

**Chaffey, Margaret**  
University of California/ San Francisco

**Chen, Ming Hui**  
Massachusetts General Hospital





**Hiehle, John**  
Hospital of University of Pennsylvania

**Olson, Erik**  
University of California/ San Diego

**Park, Felicia**  
University of Washington Affiliated, WA

**Tuite, Michael**  
Strong Memorial Hospital, NY

## SURGERY

**Chen, Neil**  
Massachusetts General Hospital

**Drebin, Jeffrey**  
Johns Hopkins Hospital, MD

**Dunn, Jocelyn**  
Stanford University Hospital, CA

**Escribano, Rafael**  
Jackson Memorial Hospital, FL

**Garcia, Jose**  
Brigham & Women's Hospital, MA

**Gittes, George**  
University of California/ San Francisco

**Grajales, Benjamin**  
University of Massachusetts Coordinated Programs

**Leichter, Rhoda**  
Rhode Island Hospital

**Lin, Paul**  
Johns Hopkins Hospital, MD

**Liu, Paul**  
Brigham & Women's Hospital, MA

**Mell, Matthew**  
Stanford University Hospital, CA

**Milheim, Stephen**  
University of Colorado

**Moore, Marcia**  
Massachusetts General Hospital

**Price, Raymond**  
Brigham & Women's Hospital, MA

**Robinson, Malcolm**  
Brigham & Women's Hospital, MA

**Sabik, Joseph**  
Massachusetts General Hospital

**Sanchez, Luis**  
Montefiore Medical Center, NY

**Smith, Maury**  
Emory University, GA

**Vallejo, Arthur**  
Baylor College of Medicine, TX

**Van Zee, Kimberly**  
New York Hospital

**Yook, Inkyung**  
New England Deaconess Hospital, MA

## TRANSITIONAL

**Lee, Anne**  
St. Barnabas Medical Center, NJ

## UROLOGY

**Campbell, Crawford**  
Massachusetts General Hospital

# BOOK MARKS

## Legend in the Making

*WALTER B. CANNON: THE LIFE AND TIMES OF A YOUNG SCIENTIST*, by Saul Benison, A. Clifford Barger, and Elin L. Wolfe, The Belknap Press of Harvard University Press, Cambridge and London, 1987

by J. Gordon Scannell '40

The publication of Walter Cannon's biography is a historical event and a sound, comprehensive literary achievement. It measures up to our great expectations; to borrow a phrase from Oliver Wendell Holmes, this is a book that will be read *in* as well as *through*. This first volume carries Cannon from his birth in 1871 to the spring of 1917 when he left for France and the 'great war'. As so often happens with war, things were never the same again, but then Harvard Medical School was never the same after Walter Cannon cast in his lot with the department of physiology under the guiding genius of Henry P. Bowditch.

Cannon was born in Prairie du Chien, Wisconsin, a village built on the site of Fort Crawford where Beaumont had conducted some of his classic studies of Alexis St. Martin. Walter Cannon's father, Colbert, had a roving career, the result possibly of personality changes after a severe head injury and a severe depression that followed the death of his first wife, Wilma, in 1881. Wilma's final injunction to her son was: "Walter, be good to the world."

The 10-year-old had lived in the shadow of his father's depression until the latter's remarriage, 18 months later, to Carrie Mower, a successful step-mother to the growing family until her death in 1909. Walter grew up in St. Paul and attended St. Paul High School, which sent many of its

graduates to the East. The special interest of May Newson, teacher and family friend, plus two years in a railway office, which gave Walter a life-long sense of punctuality, prepared him for Harvard College.

Cannon's early years at Harvard College were not entirely happy. Though his teachers and the intellectual challenge lived up to his expectations, he found the social ambience, dominated by junior Brahmins and the Eastern establishment, a serious irritation. Cannon chose his friends among outlanders or men in other classes. Among these, incidentally, was my father, a first-rate student and baseball player who was one year behind Cannon but joined him in the medical school Class of 1900.

Cannon's social irritation was greatly mollified when Samuel McChord Crothers, a close friend from St. Paul, became minister to the Cambridge Unitarian Church and preacher to Harvard. McChord encouraged Cannon to take advantage of the cultural resources of Cambridge and Boston; to attend the lectures of Josiah Royce, Edward Channing, Frank Taussig, and Francis G. Peabody; and to study with William James. To Herbert Jennings, Cannon confided his interest in medicine, particularly the neurosciences, and sociologic matters.

As a student, Cannon worked hard, earned his board waiting on tables in a cooperative dining club, and acquired an A in each of 24 courses—well above the 15 required for *summa cum laude*. With this superb academic record and his inner-directed drive to the sciences, Cannon initially expressed great interest in the new Johns Hopkins Medical School, but when William Welch could not assure him of adequate financial aid, Cannon found it prudent to follow the advice of May Newson and remain at Harvard. Thus began Cannon's complete identifica-

tion with HMS, then near Copley Square in Boston. Cannon did, however, make his home in Cambridge to continue his close ties with the Cambridge community and develop his relationship with President Eliot.

It would be inappropriate for me to detail Cannon's many accomplishments, which his biographers have skillfully handled in this book. However, three figures stand out in sharp relief in the period following Cannon's medical school graduation—Cornelia James of St. Paul, whom he married in 1901; Henry P. Bowditch, a man of Olympian proportions who was then professor of physiology and later dean; and William T. Porter, editor of the *American Journal of Physiology* and next in line in the department of physiology at HMS.

Porter's relationship with Eliot deteriorated, and as his star declined, Cannon's star rose in the academic firmament. In 1906, after the new quadrangle was dedicated, Cannon was named to succeed Bowditch as Higginson Professor of Physiology, an important step in Eliot's plans for the growth of the medical school.

When Cannon first became instructor in physiology, not only was scientific research at HMS almost at a standstill, but there was turmoil in the department. At first, Cannon was able to stay aloof from the fray, concentrating on the mechanics of digestion and the motility of the gastrointestinal tract using X ray—work that he had begun, at the suggestion of Bowditch, while still a student. His careful, exacting observations rapidly gave him national, then international, visibility. They led also to his study of the physiology of basic emotions—bodily changes in fear, hunger, pain, and rage, the 'fight or flight' response, adrenaline and the sympathetic system, homeostasis and the wisdom of the body.

Presumably, these great thoughts to which Cannon's name is indelibly attached will be the subject of the second volume in the Cannon biography. In the current volume, Cliff Barger, Pfeiffer Professor of Physiology, provides the necessary scientific expertise to guide us.

In the Summer 1985 issue of the *Bulletin*, Cannon's daughter Marion wrote that Cannon's laboratory was his castle and that in the 36 years during which he presided over it, she visited it only two or three times and then, only after she was well into adulthood.

Cannon's interest in medical edu-

cation, enhanced by his close ties with President Eliot, came to the fore quite early. His phenomenal organizational ability permitted this new pursuit while he was already heavily engaged in his research. A college roommate who attended law school introduced Cannon to the case method and helped him develop his own 'new pathway'.

Cannon defended the importance of science and research against the clinical inclinations of E. H. Bradford, then dean, but he resolutely declined the deanship himself. He worked closely with many of Harvard's greats, defending his own views against theirs when necessary. He could relate to the educational ferment for which Johns Hopkins was famous when Henry Christian and Harvey Cushing appeared on the Peter Bent Brigham scene.

Cannon's defense of medical research against the anti-vivisectionist movement illustrates the force and reputation of the man. With Henry Bergh of the Society for the Prevention of Cruelty to Animals (founded 1866) and Caroline White of the American Anti-vivisection Society (founded 1896), there had been a long history of confrontation and intransigence. In 1896, the Harvard line-up included Bowditch, Porter, Harold Ernst, James Jackson Putnam, and President Eliot; at a national level it included William Welch, William Osler, and W.W. Keen. Feelings ran high and soon extended to the ethical issues we now identify as 'human studies.'

In 1908, the bluest of blue ribbon committees was impaneled by the AMA as its Council on the Defense of Medical Research: Joseph Capps of Chicago; Harvey Cushing; David Edsall, then at Pennsylvania; Simon Flexner, director of the Rockefeller Institute; Reid Hunt of the U.S. Public Health Service; and, *on the recommendation of Welch*, Walter Cannon as chairman.

This position was a major challenge for Cannon for it demanded political *savoir faire* in dealing with the press, with legislators, and with the bitterness of personal attacks. In the opinion of Harvey Cushing, Cannon's leadership was outstanding, unhindered by all the administrative burdens that he carried as well. An unpleasant price, however, was Cannon's falling-out with his old mentor and teacher, William James, shortly before the latter's death in 1910. This was a difficult episode that sent Cannon back to his great resource—his

family and his farm in Franklin, New Hampshire.

Through this biography, Cannon's family life looms large, the home in Cambridge and the family farm. Without question, his wife, Cornelia, was catalyst to his career, and at the same time very much her own person. Each week she wrote long letters to her mother. The substance of these letters has resurfaced in a delightful Cambridge memoir *Snatched from Oblivion* written by their daughter Marion Cannon Schlesinger. Published in 1979, it is an invaluable and highly readable companion to Cannon's definitive biography.

Though intensely involved in his scientific research, Cannon kept his intellectual and social interests broadly focused. His relationship to President Eliot and, for most of his life, to William James was particularly close. In the intellectual stratosphere, Boston had its Thursday and Cambridge its Tuesday Evening Clubs. Cannon had strong friendships in both, and was a member of the latter. It was a long step from his Brahmin aversion of early college days.

After 1914 the world was at risk. Cannon's research led him to the concept of the physiologic equivalent of war, but now here was the real thing. At first, he could be counted among those opposed to war in general, but attitudes in the Cannon household, notably Cornelia's, changed after the sinking of the *Lusitania*. Harvey Cushing's enthusiastic involvement with the British attracted Cannon to the Harvard Unit and Base Hospital No. 5. In May 1917, Cannon left for France; and so ends this first volume on his life.

Taken as a piece, this biography of Cannon is a concentrated review of the entire growth of HMS in the first decades of this century, far beyond the scope of my commentary here. This book has the good fortune of combining Saul Benison's oral history tradition, Clifford Barger's scientific expertise and enthusiasm, and Elin Wolfe's thorough, intuitive research and editorial skill. The text is liberally annotated without interruption of its narrative aspect. Illustrations are well selected to bring out the personal qualities of Cannon and his friends. In short, we are off to a superb start, and there is firm promise of great things to come. □



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# Room to Explore

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## *Taking Stock of the NIH on its Centennial*

by Ellen Barlow

The NIH shines above other federal agencies as an experiment that has worked. This year the National Institutes of Health is celebrating its centennial, although its role in raising the U.S. to preeminence in biomedical research began more accurately just after World War II. The concept of federal allocation of tax monies to scientists became entrenched during the heyday of the NIH in the 1950s and '60s. The success story of science during those years is in large part the success story of the NIH.

The NIH has had its share of problems through the years, and the present is no exception. As a training and research institution, it is no longer unique. Annual conflicts between the scientific establishment and the federal administration over NIH appropriations are now fiercer than ever. There have been attacks on the fairness of the NIH peer review system, and exposures of research fraud.

What hasn't changed, however, is the appeal of the NIH philosophy, as expressed by a former NIH administrator: "We simply let minds explore."

The "intramural" program at NIH has attracted and trained some of the most fertile scientific minds in the country—the careers of many Harvard Medical School alumni and faculty are rooted there. At HMS today, 64 percent of all funding comes from the "extramural" program of the NIH. There has been a true symbiosis between HMS and NIH.

Lewis Thomas '37 was associated with the NIH in the mid-1950s when the expansion of the extramural program began to take off. He was a member of the National Advisory Health Council, the senior council of the NIH, which reports to the Surgeon General. Thomas recalls those years in his book *The Youngest Science* (Viking Press, 1983):

We had the time of our lives. Everything seemed possible. The Congress was fascinated by the possibilities that lay ahead in medical research, and Senator Lister Hill and Congressman John Fogarty were powerful figures who had already started to build their legislative careers on medical science. The medical schools of the country were of a mind to begin expanding their scientific facilities, and there was money all around. Dr. Frederick Stone, executive secretary for the council, was a skilled and ambitious bureaucrat, and Dr. James Shannon, the director of NIH, knew exactly where he wanted NIH to go and how to lead it to its destiny, which involved strengthening



the nation's capacity for medical science by building research into the daily, central, and essential functions of the American medical schools.

The NIH originated in 1887 in an attic laboratory on Staten Island. It was part of the Marine Hospital Service, located in New York Harbor to screen immigrants for communicable disease. Some research in bacteriology was carried out in that lab, but in those days more science was happening in Europe.

The laboratory moved to Washington, DC and was absorbed by the Public Health Service. During WWII the federal Office of Scientific Research and Development explored a new program for investing tax monies in scientific research. After the war, the OSRD scientific-support activities were assumed by the National Institute of Health, which in 1948 was renamed National Institutes of Health.

In the next 20 years at least three institutes achieved separate status, including the National Cancer Institute, National Heart and Lung Institute, and National Institute of Mental Health.

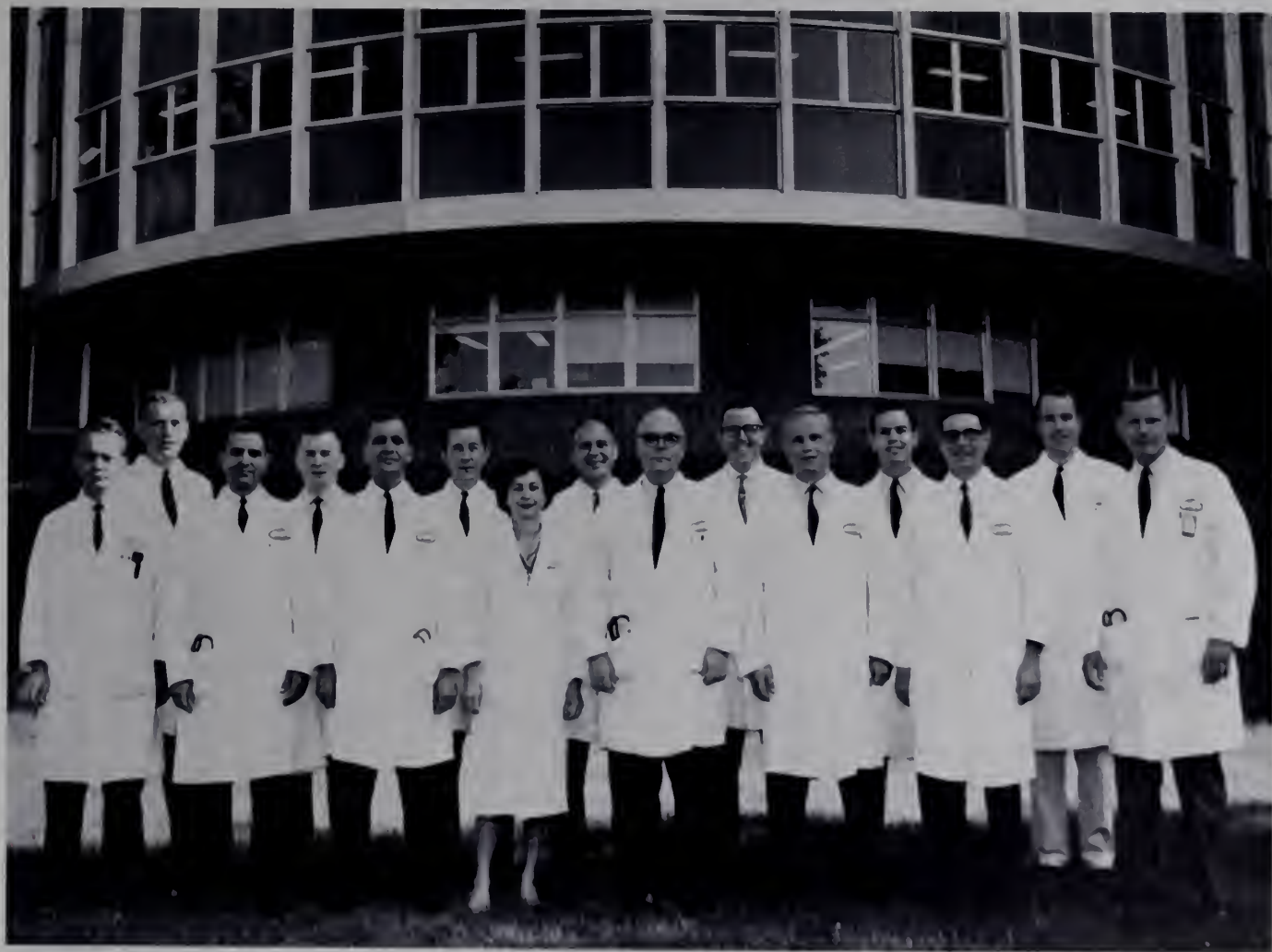
Today the NIH is one of five health agencies in the Public Health Service, and is comprised of 12 institutes with a total budget of about \$6 billion. Eighty-eight percent of that money supports research in over 1,300 universities, medical schools, hospitals, and research facilities; and the rest funds intramural research conducted in NIH laboratories and clinics on the 317-acre campus in Bethesda, Maryland.

The two divisions of NIH programs—the intramural and extramural—evolved separately, although growth of both mushroomed after WWII. Until the twentieth century, physicians conducted science in their

spare time with no external funding. To some, the idea of government-supported research smacked of Big Brother interference when first proposed.

The "doctor draft," in effect during the Korean and Vietnam Wars, is widely acknowledged to have helped raise the prestige and increase the recruitment of physicians to the NIH intramural program. All physicians were subject to the military draft after residency training at that time. Those who were research-oriented and fortunate enough to be accepted to the NIH intramural program, could satisfy their draft obligations by doing research at NIH for two years.

By the mid-50s, the reputation of the NIH as a great place to train in science was taking hold. "In a short time it became a mecca for people interested in academic medicine and biomedical research," says John Potts,



*Nina Braunwald and other National Heart Institute cardiovascular surgeons in the early 1960s pose in front of the "cyanotic silo," so-named because of its purple color.*

who was at the NIH from 1959-68, and is now HMS Jackson Professor of Clinical Medicine at Massachusetts General Hospital.

Although NIH salaries for senior scientists are now lower than at universities, the NIH used to have a competitive advantage over universities and hospitals both in salaries and resources for research. Potts says he received \$600 per year at MGH as a house officer, and \$9000 the next year at NIH as a clinical associate. "The NIH salary, plus the opportunity to

of experiments that would launch his own distinguished career in endocrinology. He and colleagues isolated and chemically characterized parathyroid hormone and calcitonin, and they determined how these hormones acted together to control the release of calcium from bone.

"It was an exciting moment," recalls Potts, "to see the new techniques of chemistry and immunology applied to reveal the complete structures of vital hormones and, for the first time, measure their levels in patients."

genetic code was a triplet code, and that the first triplet of the sequence encoding valine was GUU.

Work leading to the solution of the genetic code was not only immensely satisfying, but Leder believes it also created a visibility for high-quality fundamental research at NIH. "Certainly, it was among the first discoveries of the modern era of molecular genetics." Leder, who is now Andrus Professor and chair of the HMS department of genetics, was by that time hooked on science.

The stage then as now is set at NIH for making these sorts of advances, Leder explains, because there is a different set of priorities. There are no formal courses to teach. No grant-writing is necessary: the amount budgeted is based on what you *have done* rather than what you *will do*.

"Every day you wake up and look at the border that separates knowledge from ignorance and try to move that boundary a little farther in the direction of knowledge. You have no further responsibilities than that. You can devote yourself, in the most undisturbed way, to the problem at hand."

It was at the NIH that Leder and associates cloned the first mammalian gene — the gene for globin. They discovered that the gene was encoded by bits of DNA pieced together by intervening sequences, now called introns.

Leder acknowledges that the NIH is a massive place. "But you soon find that virtually any technique being done in the world is there. Virtually any chemical or reagent is probably on hand in someone's lab.

"Size can be intimidating, but once you get used to it, it's like playing a complex organ," Leder explains. "There are dozens and dozens of steps and foot pedals. When you finally learn to operate that instrument, it makes very impressive music."

Cancer research is another NIH showcase. Today it is estimated that 40 to 50 percent of all cancer patients are cured, but in the mid-50s the words cure and cancer were hardly mentioned in the same breath. In 1955 Congress authorized \$5 million for the National Cancer Institute (NCI) to establish a cancer drug development program. Emil Frei III, at age 29, was to play a major role in that program.

Frei, now Richard and Susan Smith Professor of Medicine at HMS and director of Dana-Farber Cancer Institute, was fresh from his residency under Gordon Zubrod at Washing-



John Potts at the NIH in the '60s.

do the research we wanted, seemed like heaven. Competition for positions there at that time was keener than at any other major training program."

Potts chose to work with Christian Anfinsen, who in 1972 would win the Nobel Prize in chemistry for research on ribonuclease that would provide the first structural basis for how an enzyme works. No one knew in 1959 that Anfinsen was doing Nobel Prize-winning work, but Potts was attracted to the personable and daring researcher who was captivated by the romance of biology.

After two years of research training with Anfinsen, the National Heart Institute invited Potts to set up his own laboratory, and he began a series

Years at the NIH were also formative for Philip Leder '60. He went as a clinical associate in 1962 and stayed for 20 years, "encountering a variety of scientific problems and puzzles." Leder worked his first 3 1/2 years at NIH with Marshall Nirenberg, another Nobel Prize winner-to-be. (Sixty-five investigators receiving NIH support, and four based in NIH labs, have won Nobel Prizes.)

Nirenberg, like others around the world, was attempting to break the genetic code. Leder counts among his most exciting moments in research the time their team realized "we were beginning to cross the finish line ahead of the field." A series of their initial experiments had indicated that the



ton and St. Louis Universities. Zubrod had just accepted the clinical directorship of the NCI, when he offered Frei the chief of medicine position that would set the course of his career in oncology. Within 10 years at the NIH, Frei was credited with achieving the first cures of acute lymphocytic leukemia and Hodgkin's disease, and elucidating the clinical and basic principles that have led to successful treatment of a number of other cancers since.

"One of the biggest obstacles was the view shared by many academicians and senior hematologists that cancer research was not a likely investment," recalls Frei. "Some thought it wouldn't be possible to find a drug effective against cancer cells that wouldn't kill normal ones. But enough people at NIH supported our belief that research into therapy was possible."

At that time cancer treatment was mainly supportive—control of pain and infections. For local tumors, there was surgery and radiation but, says Frei, if the tumor had metastasized, TLC was all physicians could offer.

"We were able to turn the field around," he says. "Attitudes changed as a result of the progress we made. If systemic cancers like leukemia, Hodgkin's, and non-Hodgkin's lymphoma could be treated, then with enough resources, why not lung cancer?"

Frei and Zubrod were among the first to use multi-center, randomized clinical trials, now an essential way to determine the efficacy of a treatment. "Prior to 1955 just about all cancer treatment trials were qualitative," Frei explains. "It was known, for example, that methotrexate was active, but not how active. How many people got better and how long did it take?"

Frei remains optimistic that progress in cancer research will continue. He points out that current success rates make cancer one of the more curable of chronic diseases. Through extramural support of broad-based programs in new areas of research and treatment trials, he believes the NIH will continue to play a critical role in improving cancer cure rates.

"Without question," says Nina Braunwald, HMS associate professor of surgery. "My 10 years at NIH were the best of my professional life. I look back on it as Camelot."

Open-heart surgery was a bud-

ding field in 1958 when Andrew G. Morrow, a pioneer in the field, offered 29-year-old Braunwald one of three senior slots on his team at the Heart Institute. With her own laboratory, Braunwald tackled the task of making an artificial mitral heart valve. In 1960 one of the first patients in the world to have a diseased mitral heart valve successfully replaced, left the hospital with an artificial valve Braunwald had developed and surgically implanted. She was perhaps the only woman in the world doing open-heart surgery at that time, and cer-



*One of the first cured of childhood leukemia. Now grown with a family of her own, this woman has remained in complete remission since 1962 when at age 7 she received Emil Frei's then-new treatment.*

tainly the only woman on the NIH block.

"This made life challenging and fun," she recalls. "I was expected and expected myself to perform exactly the same as the men. Once that was taken for granted, if you toed the line, the awards were equivalent."

Her husband, Eugene Braunwald (HMS Hersey Professor, Blumgart Professor, and chief of medicine at both the Beth Israel and Brigham and Women's Hospitals), worked in the medical division of the Heart Institute at the same time. Though their two groups often collaborated on projects, the Braunwalds rarely had time to even lunch together. They did manage, however, to have three children

during those professionally and personally productive 10 years.

Most departments in most U.S. medical schools today can point to senior faculty, chairmen, even deans who established their academic foothold through the intramural program at NIH. An even larger number of physicians benefit from its extramural program. The NIH funding mechanism is indelibly woven into the fabric of U.S. medical science.

To again quote Lewis Thomas from *The Youngest Science*:

In retrospect, it can be seen that the expansion of NIH and the recruitment of medical faculties for implementing the national mission of NIH represented one of the most intelligent and imaginative acts of any government in history, and NIH itself became, principally as the result of Shannon's sheer force of will and capacity to plan ahead, the greatest research institution on earth. Only one thing went wrong, a mistake no one involved in the early years envisioned: research became more expensive than anyone could have guessed. While NIH selected for excellence and picked the strongest universities and their medical schools for the effort, it became at the same time the accepted idea that every faculty member of every medical school in the country must be a working scientist with a grant from NIH and a laboratory at his disposal. As an inevitable result, the merit system for recruiting and promoting faculty members in the medical schools would henceforth be determined, in large part or in whole, by research productivity and papers published.

During the halcyon years of the '50s and '60s, money flowed generously to those whose grant applications achieved high ratings. The peer review system for selecting whose work would be funded became a hallmark of the NIH.

Francis D. Moore '39 was among the first in the U.S. to receive an NIH grant. In 1946 he was awarded \$10,000 to study duodenal ulcer and the vagus nerves. All research funding, which during wartime had been controlled by the Office of Scientific Research and Development and by the military, was thenceforth NIH domain.

It took only a few years for the peer review system of application and funding to be formalized—and the NIH was in the research-granting business. At first people questioned whether the government should be involved in funding scientific research, much the way people question industrial support of research today.

"I was cynical," says Moore, "but

it worked beautifully. In the Nixon Administration there was some politicization, but usually the only politics that intrudes is medical politics."

Moore was a member of the Surgery Study Section of the NIH from 1953-59, his last two years as chairman of the section. The study section is comprised of peers who are experts in a specified field, and is where grant applications are initially reviewed. (The second stage of review occurs at the National Advisory Council of the appropriate institute.) When Moore served there were 36 study sections; now there are 120, comprised of 2,200 scientists who review a total of nearly 22,000 applications each year.

"We always tried to see that new ideas and different institutions got a break," Moore remembers. He points out that during the late '40s and early '50s, the development of an extracorporeal pump oxygenator for open-heart surgery was thought to be a far-out idea, but NIH supported that work through the Surgery Study Section. By 1960 its use was standard procedure around the world. The same thing happened to organ transplantation, he says.

The worry Moore and others express is that with the funding cutbacks experienced by NIH in recent years, innovative research may be overlooked. "I would hope that there is now a higher standard of quality



*Philip Leder in "a typical, crowded NIH lab in Building 6," 1980.*

with stricter funding, but I worry that awfully good work is not getting funded," he says.

Since the '70s, a larger portion of the funding pie has been provided by private sources such as foundations and industry. "But all these sources together can't replace the need for increased NIH appropriations," points

out Moore. The average growth in NIH budget has only been 2 percent per year after Shannon's tenure as director. "We have to ask whether we should be content that something remains the same when it should be more."

Many agree that the NIH funding mechanism is critical because it rewards mainly investigator-initiated research. "Advances usually occur not by directed research, but by people working in obscure areas that others may find boring or bizarre," says Kenneth Bridges '76, who spent 1979-82 at NIH before returning to Harvard as assistant professor of medicine at Brigham and Women's Hospital.

By the time Bridges went to NIH, it was no longer the only place to learn research technique, but it still offered an incomparably wide variety of research opportunities. "It's an amazingly warm atmosphere where people are friendly and willing to share information," says Bridges. "It may be past the '60s heyday, but it's still quite a place."

The NIH has evolved over time, both reflecting and setting the pace of research. New institutes have been added, but despite intensive lobbying efforts in Congress, far more requests for new ones have been turned down.

David Cogan '32 was involved with the spin-off of ophthalmology from the National Institute of Neurological



*Kenneth Bridges at NIH.*



Diseases and Blindness into the National Eye Institute in 1970. Cogan was at that time chairman of the HMS department of ophthalmology, chief of ophthalmology at Massachusetts Eye and Ear Infirmary, and director of the Howe Laboratory of Ophthalmology. Carl Kupfer left the Howe Lab to head the new institute, and a few months later Cogan joined him. Cogan went to the NIH for a sabbatical year and has stayed 14 years.

"I love it," he says. "Sure I should be retired—I'm sort of the old man in the group—but I'm free of administrative responsibilities here. It's a tremendous place."

Cogan set up and ran a neuro-ophthalmology clinic when he first arrived, but now almost all his time is spent on his second interest, ophthalmic pathology. He is organizing his collection of photographs and pathology material: "a 20-year job!"

Each institute can point to a list of discoveries or advances achieved by its scientists or through its support: discovery of the IgE antibody responsible for most allergic reactions, laser treatment of eye diseases, discovery of the hormone LHRH that regulates reproductive processes, differentiation of diabetes into subtypes with different causes, demonstration of how neurons communicate through neurotransmitters, and improved treatment of a host of diseases.

AIDS research has put NIH back in the limelight in the past five years, and Stanley Weiss '78 has been in the thick of it. He has been studying the epidemiology of human retroviruses, including the virus causing AIDS.

"These have been exciting and interesting times," comments Weiss. "The magnitude of AIDS is far greater than originally anticipated, and it's gratifying to know I had a role in mobilizing the resources to control this epidemic." Weiss has collected data on the percentage of people exposed to the virus who later become clinically ill. That percentage was 20 when he first reported his results in 1985, and it continues to climb.

After five years at the National Cancer Institute, Weiss has accepted an appointment at New Jersey Medical School. Like everyone who trained at NIH, he says he felt very much at home in its academic community. He had the opportunity to exchange ideas with people like Robert Gallo and the "freedom to look at what I thought was important without a lag time."

For medical students too, there

are now fellowship programs. This summer Steven Ellen '89 will work in a research laboratory under an NIH summer research fellowship. "Rather than going straight into rotations, I wanted a break," says Ellen. "This fellowship will give me the opportunity to see what research is like in an institution devoted exclusively to research."

The intramural program may not be the beacon it once was. There's a lot more paperwork. Salaries for young investigators and mid-career scientists are notoriously low. There are other top training programs now.

"But the NIH is just as valuable," says Potts. "We have now seen how important it is to have physicians devoted to patient care who are at the same time interested in science. This is unique to the U.S. In other countries the two disciplines are separate, but the NIH made them synergistic in America."

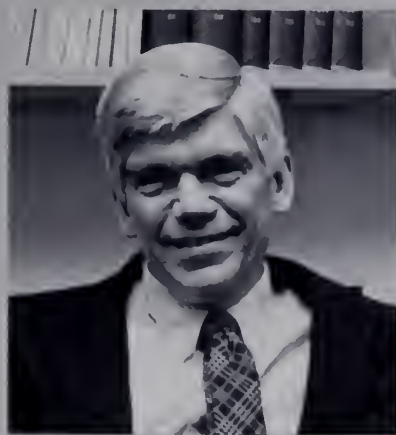
Other sources of research funding must be developed but, reminds Leder, "No one can replace the NIH. No one can come close to providing the wherewithal the NIH has developed to produce research of the highest quality." □



### *Massachusetts Salutes NIH*

A committee chaired by John Potts, representing 32 biomedical research institutions, planned various celebrations in Massachusetts for the NIH Centennial. Current NIH Director James Wyngaarden was guest of honor in May for a program that included presentations by a sampling of HMS faculty who had trained at NIH: Jonathan Seidman, Stuart Orkin '71, Ronald Kahn, and Philip Leder '60.

Other lectures, symposia, and ceremonies have been scheduled throughout 1987, and a high school student was named a "centennial scholar" from among state science fair winners. The Massachusetts tribute will culminate September 30 with a symposium featuring four Nobel laureates (Baruj Benacerraf, Walter Gilbert, David Hubel, and H. Gobind Khorana), followed by a dinner celebrating the impact of the NIH on science and medicine.



*John Potts*



*James Wyngaarden*

The warmth of laughter matched the warmth of the sunny June day as the Class of 1987 celebrated the commencement of yet another phase of their lives.

The third official commencement in the educational careers of most graduates, this was Harvard Medical School's 199th.

Families, friends, and faculty joined the graduates for a day of wit and wisdom. There were plenty of smiles, and so many cameras in front of the stage that it looked like a photographers' pool at a presidential press conference. Hats were the order of the day, from the mortarboards, to fashionable straw hats, to folded paper hats shielding heads from the sun. One graduate also donned a congratulatory lei.

Student speakers opened the day's ceremony with humorous accounts of their medical education. Class moderators Vincent Cryns and Joseph Sabik quipped that the student speakers were selected for "sagacity and stage presence." Crawford Campbell and Paul Sax exhibited both, as did guest speakers Orah Platt '73 and Victor Sidel '57.

Platt had timely advice for those who would have to live with a graduate suffering "the neurologic symptoms associated with internship" in the coming year. The intern

lacks connection with the outside world, Platt pointed out. When the intern forgets Valentine's Day, "it's not because she's forgotten you—she's forgotten February."

Sidel used the messages contained in Greek mythology to encourage graduates to take up the challenge of medicine's future.

"We must use our ability, training, and commitment to make medicine a profession that fights actively for the services our communities need," he said, "and fights against the destructive diversion of our national wealth."

There was a moment of silence for Marlon Sellers, a classmate who died in a car accident after their second year. And a happier moment when Daniel Federman, dean for students and alumni, called Platt back to the podium to receive the medical school diploma she hadn't picked up in 1973. As commencement proceeded on the quadrangle, next door at the School of Public Health, Dean Tosteson's son Tor Devin Tosteson received his D.Sc. degree.

The Class of 1987 cited Arnold Weinberg and Martin Samuels for excellence in pre-clinical and clinical teaching, respectively. They also honored Mary Lou Peduzzi and Brenda Lee-Walker from the student affairs office. A student/faculty committee singled out five other faculty

# CLASS DAY





members for 1987 teaching awards: Susanne Churchill (physiology), Matthew Carmody (introduction to clinical medicine), Charles McCabe (core surgery clerkships), Harold May (emergency medical care), and Leon Goldman (surgery).

Fifteen students graduated cum laude in a special field, and five graduated magna cum laude. Ten were honored with prizes and awards:

**Craig Alan Alter**, cum laude: "Helium Neon Laser Scattering by Human Skin."

**Nancy C. Andrews**, Richard C. Cabot Prize for the best paper on medical education or medical history: "The Antibody Test for Human Immunodeficiency Virus—in Perspective." The New England Pediatrics Society Award.

**Jonathan M. Backer**, cum laude: "The Reconstitution of a Phospholipid 'FLIP-PASE' from Rat Liver Endoplasmic Reticulum."

**Eric G. Bing**, Dr. Sirgay Sanger Award for excellence and accomplishment in research, clinical investigation, or scholarship in psychiatry: "The Development of Health Beliefs and Health Behaviors in Young Adolescents" (with Milton Kotelchuck).

**Emery N. Brown**, magna cum laude: "Estimating Circadian Phase." Kaiser/National Medical Fellowship Merit Award for outstanding academic achievement by a graduating minority medical student.

**Stephen K. Burley**, magna cum laude and Leon Reznick Memorial Prize for excellence and accomplishment in research: "X-ray Crystallographic Studies of Some Model Therapeutic Agents for Sickle Cell Disease and of Protein Structure Stabilization."

**William E. Butler**, magna cum laude: "Computer Applications in Therapeutic Decision Support."

**Francis X. Campion**, Rose Seegal Prize for the best paper on the relation of the medical profession to the community: "Medical Malpractice: The Reformation of Doctor and Society."

**Neil T. Chen**, cum laude: "Potentiation of the Antiangiogenic Activity of Heparin-Steroid Combination by Sodium-2-Hydroxy-5-Nitro-alpha-toluene-sulfonate, a Synthetic Inhibitor of Arylsulfate Sulfohydrolase."

**David E. Cummings**, cum laude: "Characterization of Antigens Associated with Human Hepato-Cellular Carcinoma Using Monoclonal Antibodies."

**Jeffrey Drebin**, magna cum laude and Henry Asbury Christian Award for notable scholarship in studies or research: "Characterization of Cellular Interactions Which Regulate Anti-tumor Immune Response."

**Claire Y. Fung**, cum laude and Harold Lamport Biomedical Research Prize for the best paper reporting original research in the biomedical sciences: "Stage I Testis Cancer: The Importance of Primary Testis Pathology in Predicting Metastatic Potential."

**George K. Gittes**, cum laude: "The Neurovascularization of Metastases."

**John F. Hiehle Jr.**, cum laude: "In vitro Analysis of Biologic Variables Which May Affect the Outcome of Nd: YAG Laser Balloon Angioplasty."

lication: for several papers published on the characterization of the T3 complex and its role in regulating calcium influx.

**Erik M. Olson**, cum laude: "Effects of Milrinone on Contractile State and Cyclic Nucleotide Metabolism in Cultured Chick Embryonic Ventricular Cells."

**Alise S. Reicin**, cum laude: "Deregulation of the c-myc Oncogene in Virus-induced Thymic Lymphomas of AKR J Mice."



*Class Day moderators Vincent Cryns and Joseph Sabik (standing). Dean Federman and Victor Sidel (seated).*

**Cato Laurencin**, magna cum laude: "Controlled Release Using a New Bioerodible Polyphosphazene Matrix System." The James H. Robinson, MD Memorial Prize in Surgery which recognizes outstanding performance in the surgical disciplines, overall excellent academic performance, social consciousness, and leadership; and the Kaiser/National Medical Fellowship Merit Award for outstanding academic achievement by a graduating minority medical student.

**Dennis M. McNamara**, cum laude: "Topographical Analysis of Glucose Metabolism, as Measured with Positron Emission Tomography, in Dementia of the Alzheimer Type: Use of Linear Histograms."

**Hans C. Oettgen**, James Tolbert Shipley Prize for research, the results of which have been published or accepted for pub-

lication: for several papers published on the characterization of the T3 complex and its role in regulating calcium influx.

**John F. Romanelli**, cum laude: "Metabolic and Histologic Studies of Dye Laser Retinal Photocoagulation Lesions."

**David Adam Roth**, cum laude: "Isolation and Characterization of a Vitamin D Responsive Gene."

**Michael E. Trice**, cum laude: "Purification and Characterization of Interleukin-1 Induced Protease in Articular Cartilage."

**Richard Waldman**, cum laude: "Identification of Functional Regions on the 1-A<sup>b</sup> Molecule by Site-directed Mutagenesis."

**Joanne Waldstreicher**, cum laude: "Hyperfunction of the Hypothalamic-Pituitary Axis in Women with Polycystic Ovarian Disease."

# The Humanizing Power of Medical Education

by Crawford C. Campbell '87

**A** medical education is very different from any other education. If you go to law or business school, you aren't required to don an apron and gloves and glean what you can from the dissection of the human body. And you certainly are not required to stay up all night writing an admission history and physical that was already done by the intern. But that is only a very small part of what happens to you in medical school. What happens to you emotionally is much more powerful.

People say that medical school is dehumanizing, that we students are somehow transformed from decent, caring human beings into callused, cynical individuals who are interested only in getting the job done, without regard for the sensibilities of the patient. This perception of physicians was driven home to me one afternoon while I watched a young woman on "The Donahue Show" announce, "I think that doctors like to hurt people." I was stunned.

So what is it that happens to us in medical school? I can recall studying for a biochemistry exam in the first

year. As I was following radioactive carbons through the Krebs cycle, I caught a glimpse of Brigham and Women's Hospital out of the corner of my eye. The thought struck me



that, while I sat in the library healthy and alive, obsessing over some petty examination, there were people only a hundred yards away in misery, real

misery, perhaps incurable misery. That was my first realization of what this work of doctoring was all about. It was also my first realization of how emotionally unprepared I was.

When most of us enter medical school we have no idea what we're in for. We're students, we study, and so the first two years slip by much as college. We learn interesting and not so interesting facts about diseases. But these diseases are still one-dimensional. We haven't seen what disease does to living, breathing, loving human beings. And then we enter hospitals.

This is where the real confrontation begins. Here, medical education changes you. I still vividly recall my first day on the wards. I was doing my medicine rotation and I walked nervously through the swinging doors that separated the inside world from the outside. The smell of stool was strong and I felt confronted by the sight of disoriented, moaning patients, posed in their beds. My thoughts were not of differential diagnosis or saving lives, but rather, "Oh my God! How can I get out of here as quickly as possible."

This confrontation was minor. It simply involved adapting to life in the hospital environment. The bigger confrontations happen after you've been there a while.

You're working hard, you're sleep deprived, and you become attached to some of your patients. You take special care to see them and make sure they are comfortable; perhaps they remind you of a friend or someone in your family. You wait anxiously for the pathology report, hoping for the best. Somehow, it always seems to come back bad; at least those are the ones you remember. Sometimes you watch them die. They then become part of morbidity and mortality rounds. You watch the slide presentation of the autopsy of the person you were talking to a few days before. You can't believe it; no degree of rationalization makes it go away, and you are changed. Forever.

The thing that makes medical education so different, so human, is that every day you experience something that erodes your innocence a little further, making you painfully aware of how much you feel, how much more you have to go through, how much more you have to learn about yourself and others. In the midst of all this, you learn to function as a physician, and you learn to adapt. You can adapt in one of two ways:





you can try to numb yourself to what you feel, thus the dehumanizing effects of medical education. Or, rather than fighting against them, and without being less effective, you can gain greater understanding by incorporating your feelings into who you are.

I believe it is the latter process I have witnessed in my classmates and in the many physicians I respect. These individuals work and live in a very difficult place, a place of stunning successes and equally stunning failures. A hospital is a powerful place to be. There, we collect disease and its frequent companion, tragedy. It is easy to read about mortality rates in

Robbins and Cotran's text. It is difficult to witness them first hand. But even if there were no doctors or hospitals, there would still be disease and tragedy. The difficulty lies in learning to live in a place where there is a lot of both. And this is one of the great human lessons of medical school.

I do not believe that our Class of 1987 has succeeded and will continue to succeed because we have become insensitive and hardened. We have not. We will succeed because we are more aware of our vulnerability and are more human now than we were in the fall of 1983. □

CLASS  
DAY

## Teaching Old Tricks to a New Pathway

by Paul Sax '87

The Harvard Medical School Class of 1987, like everything else discussed at graduations, has a long and illustrious history. There were the childhood years of chemistry sets and microscopes, then our first papers published in *Nature* and *Science*. There was the tendency in college to "ruin the curve," which made us so well liked on campus, and then, of course, the multiple 15s on our MCATs. In short, we were a typical HMS class, if perhaps a little smarter.

But upon arriving at HMS in the fall of 1983, we were uneasy. The New Pathway was in the works, scheduled to start two years after our arrival. For the uninitiated, the New Pathway is not a sequel to a Robert Frost poem; it is Harvard's "bold new initiative" in medical education. Having the administration working on the New Pathway while we were starting with the old curriculum felt kind of like arriving at a party early. It seemed as though Deans Tosteson and Federman were still in the kitchen preparing the hors d'oeuvres.

Press coverage of the New Pathway didn't help. We had our Old Pathway triflings covered in "Focus," the Harvard Medical Area's local newsletter. Appearing in "Focus" is like

appearing in your junior high school paper—you send a copy of it to your mother, who sticks it on the refrigerator.

Meanwhile, the national press exploded with New Pathway coverage. It seemed these New Pathway wunderkinds were doing coronary bypass surgery in the morning, immunology research in the afternoon, and reflecting on medical ethics in the evening. And all this was apparently done with the aid of computers. Of course, at the same time, we Old Pathway students were sitting through lectures that hadn't changed much since the



days of Vesalius.

It would have been easy for the Class of 1987 to concede defeat in the face of the superachievement of our high-tech New Pathway juniors. But after four years of Old Pathway medical school, we are *not* impressed. Yes, parents, spouses, and banks of graduates, that \$60,000 was money well spent. Just think of that money as going toward the purchase of a fine antique, one that just happens to be a curriculum.



Dean Tosteson greets Ray Price and "friend."

In the hope of dispelling the myths that surround our medical education, I'd like to present some important lessons the Old Pathway has taught us—some priceless pearls our younger microchip medics might slight. These are lessons each Class of '87 student knows well.

**LESSON ONE: KNOW EVERYTHING.** One hears much about the "great explosion of medical knowledge." Old Pathway students are taught to know everything. At the ever-growing quantity of medical information we, the Class of '87, merely laugh, delighted to take on the challenge. New Pathway students, by contrast, practice something called "information retrieval," which in plain English means they know how to look things up. While this is all fine and well, you would hardly call a person who happens to own an encyclopedia smart.

Can I say then that, after four years of Old Pathway medical school, we in fact *do* know everything? Well, almost. I can think of only three questions the Class of '87 cannot answer:



*Peter Greco flanked by Thomas Guyton (right).*

1. Why is Harvard Medical School in a neighborhood called "Longwood," while the rest of the university is in far more preferable Cambridge?

2. What is that little round pill Mrs. Jones takes for her heart trouble?

3. And perhaps most mysterious of all, why do hospitals always have spice cake for dessert when no one seems to like it?

After years of painstaking research, we may have to conclude that answers to these questions are simply unknowable.

**LESSON TWO: SINCE YOU CAN'T KNOW EVERYTHING, LEARN HOW TO WING IT.** Those who forget the past are doomed to be asked about it on rounds in the morning. This is just one of several factors conspiring against Old Pathway students in their quest for competence. Another is the ephemeral nature of medical knowledge which dictates that the typical medical textbook has a shelf-life somewhere between milk and yogurt.

Finally, there is the physical hardship of Old Pathway students, a hardship which robs us of our innate mental acuity. Often we've seen classmates succumb to the double insult of a long night on call and a large drug-company lunch, producing the dreaded "celiac steal." Such a condition reduces cerebral blood to a fraction of its normal flow, and may actually lead to states best described by the Glasgow coma scale.

When we Old Pathway students

find ourselves in that rare situation of being stumped, we are experts at winging it intelligently. Four years of my own research has shown that attendings are more likely to be satisfied with your answers if you do the following:

1. Subtly steer the discussion in the direction of the attending's research. You admitted a patient last night with a rare connective tissue disorder, but didn't have time to review the world's literature on the disease. If your attending is a gastroenterologist, you may want to subtly bring up the pathogenesis of ulcerative colitis. It will be time for X-ray rounds before you can say "animal models."

2. Quote the literature deftly. Amazingly, this can be done even in the absence of having read it. We Old Pathway students know that even the most incompetent response sounds impressive if it begins: "Work done at the NIH shows . . ." or "A Veterans Administration study has revealed . . ." Or you could really frighten your attending by saying, "Elegant research out of Hopkins suggests . . ."

Even if you don't have an answer, the medical literature can bail you out. Simply say, "A well-designed, randomized clinical trial has never been done." Unless you are unfortunate enough to have an attending who has actually tried such a study, it's amazing how often they will agree. Not only that, they will marvel at your critical acumen.

3. Employ the "80 percent-20 per-

cent law." Old Pathway students are familiar with this most peculiar rule of medical education. The 80 percent-20 percent law states that all medical phenomena worth asking about on rounds occur in the approximate distribution of 80 percent or 20 percent. Even in reference to some long-forgotten statistic, you can do pretty well by guessing "about 80 percent" or "about 20 percent." It is not known why this is so, but elegant research out of Hopkins suggests that it may have something to do with calcium.

You see then, we Old Pathway students are well-equipped to deal with our gaps in medical knowledge, however few they may be. New Pathway students, by contrast, are far too busy with their personal computers to even attend anything so trivial as morning rounds.

**LESSON THREE: SPEAK WITH AUTHORITY.** I hardly need remind you that these are hard times for doctors. Malpractice, DRGs, shrinking salaries, spice cake . . . the list goes on. Along with gas station attendants, members of bowling leagues, and five-year-olds on their first day of school, we doctors are among the remaining few required to wear our names on our lapels. Our pain is all the more acute when we watch the country's most popular doctor, Bill Cosby. Here, we are told, is an obstetrician who has no malpractice worries and who never sets foot in a hospital. Maybe the two are linked.

In today's hostile climate, the doctor must hold on to his or her most valuable asset, the authoritative voice.



*Eric Bing with Janice McDonald and her godmother.*



There is nothing quite as convincing, as reassuring, as a doctor's calm, yet secure, tone. It seems to whisper, "Everything will be alright." We Old Pathway students spend long hours in hospitals where we watch doctors speaking with total certainty, when often there is none. Surgeons seem particularly good at this skill. Radiologists apparently forgot it long ago.

To demonstrate how well Old Pathway students learn to speak authoritatively, I present the following clinical problem: It is the first lumbar puncture for both patient and student. The patient is nervous because he is about to have something sharp stuck into his lower back. (We health-care professionals sometimes forget that such things cause anxiety.) The New Pathway student, reeling from too many gels in the immunology lab, clumsily tries to reassure him by stating: "Uh, this is my first lumbar puncture too. Don't worry, I've heard the procedure rarely, I mean, usually, goes well." Result: patient signs out AMA (against medical advice).

The Old Pathway student, by contrast, sees the nervous patient and, conveniently omitting that she has never done one, calmly states: "Don't worry, I've never had the slightest trouble with a lumbar puncture before." Result: resident comes over to help, tap is clean, patient goes home happy and well.

LESSON FOUR: *KEEP UP WITH THE NEWS*. We students in the Old Pathway learned long ago where to go for the most important medical information—not Medline, not *The New England Journal of Medicine*, but the popular press.

This is especially true with Ronald Reagan in office, a president whose medical problem list is as long as his political one. Reagan's medical record currently weighs in about the same as the Tower Commission's report and the transcript of the Iran-Contra hearings combined. Reagan has been a boon to American society, bringing previously prohibited subjects out into the open. Colonoscopy, prostate, polyp, and Oliver North are now household words.

Emulating the president, people are now lining up in record numbers to have their noses checked for cancer and their cysts scoped. However, the coverage is not without its drawbacks: psychiatrists are now reporting a previously undocumented disorder among females, something they call "urethra envy."

Another reason we follow the pop-

ular press is that security at the major medical journals is so lax. You can be sure that *The New York Times* will scoop *The New England Journal of Medicine* even on its own papers. Until these leaks on the sixth floor of Countway are plugged, no sensible student would come to the hospital Thursday morning without scanning the headlines first.

I recommend that the medical journals give the popular press similar treatment. Why couldn't *The New England Journal of Medicine* have been the first with the Donna Rice/Gary Hart story? It would have generated a fascinating editorial.

In detailing these Old Pathway lessons, I hope to have convinced you that there's fight in the old curriculum yet—perhaps more than many

administrators care to admit. Of course, I've left out some of the painful features of the program, such as the sinking feeling in every student's heart when the surgeon says, "Nurse, may we have the large right-angle retractor, please?" These small flaws aside, we Old Pathway students are proud of our education, proud of a system of teaching medicine that is largely the same as that practiced by Hippocrates.

Sometimes on the wards, we even seem to hear the Father of Medicine himself as he turns to a group of fatigued medical students. "What's the differential diagnosis of an imbalance of the four humors?" he asks. And one can almost hear the students reply: "Elegant research at the Academy of Athens suggests . . ." □

#### CLASS DAY

## The Intern Who Mistook Her Husband for a Hat

by Orah Platt

**M**y dear friends in the Class of 1987—the most talented, caring, spirited, irreverent, and funny class since my own, and the one I married into—during your four years here, I have been honored to work with you in a variety of academic settings. At the beginning of your first year, I brought a family with sickle cell disease to talk with you in Amphitheater C. They taught us about biochemistry and real life. In your third and fourth years, you came to Children's Hospital and took care of our patients, and I was relieved to see that you hadn't forgotten the biochemistry, or the real life.

My favorite time was in the fall of your second year, during the blood pathophysiology course. You were developing your clinical reasoning skills as budding hematologists when we read in *The New York Times* that Nancy Reagan was anemic. I remember how eager you were to apply your new knowledge, in a gush of patriotism, to come up with an appropriate diagnosis and treatment for her. A few of those diagnoses are even fit



for me to recall in polite company: "hammer-and-sickle cell anemia," "cold-war agglutinin disease," "infectious Republican-nucleosis," and of course "spur cell anemia" from too much horseback riding at the ranch.

Your classmate, writing under the pen name Billy Rubin, recalled the old saying: "Behind every sanguine man there stands an iron-deficient

woman," and summarized the First Lady's hematological history in an epic poem that began:

*There once was a President's wife,  
Who had blood troubles all of her  
life, . . .*

But those days of poetry, creativity, and political savvy will soon disappear. In two weeks your becaped and begowned daughters, sons, wives, husbands, friends, and lovers will develop symptoms of the specific neurologic disorder associated with internship. I speak to you now, not as a teacher or advisor, but as someone who has experienced this lesion first hand—as an intern, and as the wife of an intern.

I want you who care about these remarkable graduates to know that this disease usually lasts only a year, and that you are critical in helping these afflicted souls maintain some semblance of normality, and make a swift and complete recovery. But at the same time, you must understand that anything they say, or do, or don't, in the next year should not be held against them.

What's new is their total immersion and lack of connection with the outside world. There's no news, no weather, no sense of time. Interns don't know anything about Jim and Tammy Faye—they show no glint of response to "air-conditioned doghouse," "gospel waterslide," or "pillow-proof mascara." These people who excell at PSATs, SATs, and MCATs can't even answer a simple

matching question about Fawn Hall, Donna Rice, and Vanna White. They don't know who's pro and who's Contra, and they are surprised to hear that "in no way" is a senator's name.

It happened to me. I missed Watergate. Erlichmann, Haldeman, Dean, Irvin—are all meaningless names to me. I'm still not exactly sure what happened to Richard Nixon. So don't be upset when you try to have an intelligent conversation about current events with your graduate. The vapid-ity you'll observe is not due to selfish preoccupation, it is a classical sign of internship. Remember this, and protect your intern when you venture into the company of normal people who may lure your loved one into treacherous and embarrassing smalltalk.

The intern's calendar is not measured in hours, days, and months; it is segmented into a series of "on-call," "post-call," and "off-call" time periods grouped in blocks called "rotations." Anniversaries, birthdays, and holidays are almost impossible to get right without coaching. When she forgets Valentine's Day, it's not because she's forgotten you—she's forgotten February.

Usually the intern gets the message when one of her patients hands her a heart-shaped box of chocolate-covered cherry cordials on afternoon rounds. There's no time to go shopping, so you get either the cordials, or something from the hospital gift shop. The something depends on what type of hospital your intern works in.



I was in pediatrics, so my husband received a graphic arts set—that is, Crayolas, the 64-color deluxe set. My intern husband in medicine gave me a small plastic box to hold paper clips and other odds and ends; it bore a remarkable resemblance to a denture cup.

Always expect your intern to come home late. With appropriately low expectations, you will be less frequently disappointed, and occasionally pleasantly surprised. Usually they're late because things on the ward just take longer than they should. Sometimes they're late because the real world doesn't make the allowances you do. These delays turn out to be pathetic and aggravating, typically related to transportation—stopped by the police for an expired car-inspection sticker, dead battery, no gas, fell off the bike. (By the way, buy your bike-riding intern a helmet—they tend to fall a lot.)

The biggest challenge is to make the best use of your own time with your intern. Usually there is very little choice—interns have to sleep. I assure you that sharing a bed with an intern can be a hazardous experience. They have vivid dreams, and act out their anxieties, moments of glory, and tricky procedures in their sleep. One night, my sleeping husband startled me out of deep sleep with a karate-like blow to the chest as he began resuscitating me. Similarly, I've heard of an intern's partner who found himself being intubated with a shoe, and one poor spouse who was millimeters away from having her gall bladder removed.



*Orah Platt receives her diploma 14 years late.*



The waking hours are better. In fact, some of them are just like the good old days. There just aren't enough of them.

Interns, cherish those hours—you need them. Don't spend them with your head in the hospital, rehashing conversations, second-guessing your decisions, and feeling nervous and guilty about delegating your patients' care to your teammates who are on call. Most of the time you will be oblivious to subtle changes in your behavior. But you will have frightening, brief flashes of self-awareness.

You may find you gained 10 pounds, wore sensible shoes, forgot to call your mother, barked at your students, smirked about care in community hospitals, took lousy social histories, laughed at sexist jokes, and got angry at patients who bled in the night and stood between you and a couple of hours sleep.

Don't despair—this is not the real you. We former interns know that, with some self-monitoring and a haven outside the hospital, these are merely temporary aberrations.

The reason for this uncharacteristic behavior is internship. This is not just another long clerkship, complete with dirty socks and clandestine, low-salt, lime-jello dinners from the patients' refrigerator. Internship is different. It's a lot of responsibility—struggling with people for their lives. Winning and losing. It's learning more than you've ever learned before, and still not knowing. And it's exhilarating, exciting, exhausting, fun, scary, miserable, defeating, and lonely. And it all means you need the people at home more, not less.

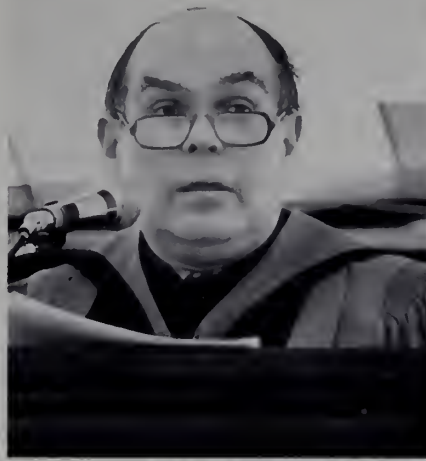
Always be aware that your intern colleagues also need time out to survive. Do what you can do to get them home—sign out well; sign out early. Teach your medical students how to do this right. And don't forget your days as an intern when you become a resident. Run your team as someone who cares for the welfare of not only your patients and their families, but also your interns and *their* families. And don't forget when you are finally chief residents, and training program directors, and department chairmen, and deans, and secretaries of health. And you, the loved ones, remind them. □

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## The Past as Prologue

by Victor Sidel

This year marks the 30th anniversary of my own Class Day in 1957, which—despite the many changes in medical science and medical practice—was in many ways similar to today's. Much



of what we graduates would become was already shaped by that point, and no Class Day speaker then or now would make a noticeable difference. For most of us, however, the few years

after graduation did make a difference. Those years helped determine the contributions we would make in the future.

It is fascinating that the past year has brought us two films on the theme of past as prologue. In *Back to the Future*, the character played by Michael J. Fox travels back 25 years in time, manipulates his future parent's lives, and on his return to the present finds his life very different. In the other film, *Peggy Sue Got Married*, the character played by Kathleen Turner also travels back 25 years, but finds she is unable to alter any of the decisions she made at that time. Both films dramatize how the present shapes the future, but the first film suggests we can change the present and the second that our present is already so determined that little change is possible.

As president of the American Public Health Association a couple of years ago, I was to travel to 35 states, from Maine to Arizona, Alaska to Georgia, Hawaii to Puerto Rico, usually to give the keynote address for the state or local public health association. I had to find a common starting point for these diverse audiences,



I decided to expand upon a theme I used five years ago on Alumni Day at my 25th reunion. I invoked the Greek gods, whose kinships, love affairs, and other relationships were used to explain nature, society, and government to the people of Greece. The myths, as we call them today, depict an extended family, whose stormy relationships served to educate, inspire, and warn. They were the serials—the “Dallas” or the “Dynasty”—of their time, and are still relevant to us today.

The chief deity of the Greek pantheon was Zeus, who may be thought of as the god of government. Among Zeus's many children were Hermes (known to the Romans as Mercury), the god of commerce and of thieves; and Ares (to the Romans, Mars), the god of war. Zeus's daughter Athena, the goddess of wisdom, was painfully born full grown from his head as punishment after he swallowed his first wife, the goddess of prudence.

The universal applicability of the myths is shown by the fate of the leading Democratic candidate for the U.S. presidency, the closest position we have to a Zeus. Mr. Hart also seems to have swallowed prudence and paid a price. With regard to our other party, Zeus would never have permitted a few minor deities in the basement of Mount Olympus to conduct his foreign policy so incompetently.

All the children of Zeus are relevant, but the child who concerns us most directly is Apollo. Apollo was, among other roles, a physician and the god of the constitution of cities. He used music, dance, and the other lively arts to bring people together. If Zeus was the god of government, Apollo was the god of community. Zeus ruled by fear, Apollo by love.

Apollo also had many children. The one most relevant to us is Asklepios (to the Romans and to this quadrangle, Aesculapius). He was the god of both health and of healing. Asklepios was born of a liaison between Apollo and a nymph, who was not a goddess. If a god and non-goddess had a child, that child was viewed as half god, half mortal. By making Asklepios only half a god, the Greeks were probably making the point that although physicians may sometimes think of themselves as gods and goddesses, there must be an element of humanity in them and their work.

Asklepios' fame as a healer became so great that temples were built

in his name. Sick people paid high fees to the priests of these temples to sleep in them overnight to learn what ailed them and what to do about it.

Today sick people pay high fees to the priests and priestesses of modern temples to sleep in them overnight to learn what ails them and what to do about it. Our modern temples, like the one across Shattuck Street, may have more power to do good—as well as harm—but many of the principles remain the same.

Asklepios had two daughters: Hygeia (from whose name comes our word “hygiene”), who taught people how to stay well, both by personal actions and by society's actions, and Panakeia (who gave us the word “panacea”), who used medicines to heal the sick.

What were the Greeks telling their people in the development of this pantheon? In making Hygeia and Panakeia sisters, their message was that prevention of disease and treatment of disease are inextricably intertwined.

Why put Apollo between Zeus and Asklepios, when Zeus could easily have fathered Asklepios himself? Health care must be based in the community if it is to be effective.

Yet another part of their lesson is that medicine is inextricably entwined with politics. Asklepios died a political death. Zeus's brother, Hades, god of the underworld, complained that Asklepios was prolonging life on earth and delaying transfers to the underworld. (Today we would think of it as a DRG delayed transfer problem.) Zeus responded to this hubris by promptly ending his grandson Asklepios' life with a thunderbolt.

The Greeks were making the point that health and healing are dependent on government. Government can either support the promotion of health and the humane and effective treatment of illness, or it can undermine and destroy that effort.

The metaphor I've chosen applies to a number of present-day issues. One application is to the current Zeus in Washington, who is withdrawing resources from the healing efforts of Asklepios and giving them to Ares, the god of war.

Over the past six years we have witnessed the largest peacetime military budget increases in U.S. history—probably the largest peacetime increases for any nation in the history of the world—with concurrent reductions in funding for health and human services. Total arms spending by all nations now approaches \$1 trillion per year, which is equivalent to the total income of the poorest half of humanity. In the meantime, funding for economic development of poor nations falls.

This enormous drain on the resources of the world and our nation causes destruction through economic distortions and elimination of services. But even these disasters pale in comparison to the devastation that may be caused by the arms themselves. Those arms contain thunderbolts that Zeus might envy. The world's nuclear powers together possess the equivalent of 16 billion tons of TNT—3 tons for every human being on earth. The Chernobyl disaster just one year ago, like the chant of a Greek chorus, reminds us how thin is the thread on which the health of the world, indeed the life of the planet, hangs.

Our metaphor also applies to other health issues. In efforts at health promotion and disease prevention, we see a growing tendency to blame the individual victim. Smokers' personal habits are blamed for their lung can-





cers; drivers who don't wear seat belts are blamed for their injuries; and workers for their work-related accidents or even work-related diseases.

The problem, I believe, lies in large measure with government and community, with Zeus and Apollo. It lies with governments that permit cigarette advertising, subsidize the tobacco industry, refuse to require passive restraints in automobiles, and permit industry to avoid instituting the engineering controls that would prevent much occupational illness and injury. The problem lies in communities that have forgotten the fundamental lessons of Apollo about how people ought to live together for their mutual advantage, health, and well-being. As we work to deal with the tragic spectre of AIDS, the question before us is whether we will meet that challenge using methods that bring us together or ones that tear us apart.

In other areas there is increasing evidence of failures of government and community. You already know the data on environmental pollution, prenatal care, infant mortality, immunization rates, and teenage pregnancy and suicide—problems that are clearly in our realm as health workers. But work in health is broader than that.

Women and children now comprise the bulk of people living in poverty in this affluent nation. Of all

preschool children in the United States, one in four lives in poverty. Of all black preschool children in the United States, one in two lives in poverty. The bottom 40 percent of U.S. families now receive only 16 percent of the U.S. income, the lowest percentage ever recorded.

Even more disparate than the distribution of income in the U.S. is the distribution of wealth. One percent of the U.S. owns over one-third of our collective wealth. Not even Apollo could bring such a disparate community together, nor could his son deal with its resulting disparities in health.

Racism continues to divide the communities of Apollo and to contribute to the obscene differences in health status and access to health services. This is true not only in our own nation but especially under the apartheid system of South Africa. Only determined economic action by institutions in the U.S. can put us on the side of public health in that continuing struggle.

Our Greek deities also reflect the structure of medical care in the U.S., which—as the public sector is systematically decimated—increasingly owes more to Hermes, the god of commerce and of thieves, than to Asklepios, the god of health. Profitable patients are solicited by the private sector; unprofitable patients and those with difficult social and eco-

nomic problems are usually left to the public sector. As the American Public Health Association has formally stated, "The compelling pressure is to maximize profit by doing what is profitable and avoiding what is not. . . . For-profit control is a subversive force in health care."

Physicians will be more and more caught in the middle, between their patients—particularly poor, minority, chronically-ill, and disabled people—and the desire for profit by those who hire or control physicians. Each of you will have to decide which side you are on.

This occasion marks your accomplishments, of which you and those who love you should be very proud. By urging broader responsibilities for physicians, I do not mean to imply that the technical responsibilities you have been trained

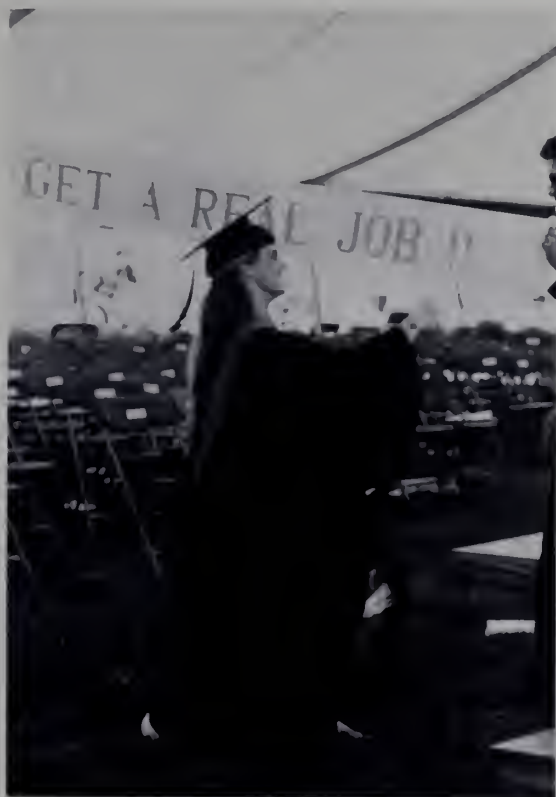
for, and the technical skills you have learned, are not extraordinarily difficult and important. But I firmly believe we must use our ability, training, and commitment to make medicine a profession that fights actively for the services our communities need, and fights against the destructive diversion of our national wealth.

We must make ours a profession in which sharing of knowledge and power, and advocacy for those in need, are seen as an essential part. We must make ours a profession in which we need not be deities in order to help others. We must make ours a profession that strives to make a world in which all can survive and truly be human.

To return to the theme evoked by the Michael J. Fox and Kathleen Turner films: the next few years will be particularly difficult for most of you, and they will largely determine what you will be doing 30 years from now. As you strain to learn a myriad of technical skills, do not forget what Einstein once said: "Perfection of means and confusion of goals characterizes our age."

If you neglect to act on the goals in the next few years, as you are learning the means, you may find yourself 30 years from now technically proficient, yet unhappy that you are part of a problem rather than of its solution.

May you never lose your ability to imagine health care as it might be and struggle to achieve it. May you never sacrifice your breadth of vision or your long-term goals in the interest of technical achievement or short-term, ephemeral gains. May you renounce the gods of war, and the gods of profit, and the gods of unthinking and unfeeling use of technology, and any others who try to divert you from your calling. May you carry with you—and use for good—the strength of Zeus, the wisdom of Athena, the health-promoting skills of Hygieia, the treating and the caring skills of Panakeia, the community-building of Apollo, and the immortality and humanity of Asklepios. □



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The weather was temperamental that day in June when alumni filed back to remember a time when they were less accomplished, less laden with honors, than they are today. The smells, the faces of professors and classmates, Building A, and the quadrangle itself, evoked memories of younger, more awkward times. The new and relatively-new architectural additions must have seemed spontaneously generated to those who had been away for years.

William C. Donahue '62 moderated the program on the quadrangle beneath the grey-green veil of the Alumni Day tent, which shielded the audience from occasional, capricious showers. Fears of a repeat of last year's torrential downpour, which had forced Alumni Day activities indoors, never materialized.

As is customary, the 25th year reunion class dominated the program. Robert Palmer Beasley, Gerald T. Keusch, and Henry W. Vaillant, all from the Class of '62, shared candid and amusing accounts of their personal travails, pathways chosen, problems surmounted, and lessons learned over the years.

In introducing Beasley, Donahue noted that the accomplished epidemiologist had recently been referenced in *Time* magazine. "I would also point out that so were P.W. Botha and Imelda Marcos.

"You may have noticed that Palmer was somewhat late

getting here this morning," Donahue continued. "This is a chronic disease. The gentleman is absolutely impossible to get a hold of. It was suggested that if the CIA had had any sense at all, it would have given Palmer the guns and the money and they never would have been heard of again."

We know what Donahue means. Adaptations of all Alumni Day presentations—except Beasley's—appear in this issue. Despite its usual investigative acumen, the *Bulletin* staff failed, too, in tracking Beasley down for an author's okay on the transcribed version of his speech.

Two other speakers, George Bascom '52 and Thomas P. Martin Jr. '87, peppered the Alumni Day program with variety.

Bascom, a general surgeon from Manhattan, Kansas, won the first (annual?) "Unsung Hero Award." In announcing the award, Will Cochran '52 said that it had been slated for "a member striving quietly on the forefront of clinical medicine, with no, or a modicum of, academic titles." As "poet laureate" Bascom delighted the audience with a series of insightful, bittersweet verses about medical dramas less creative minds might have passed as commonplace. When he finished, the alumni rose to give the apparently modest Bascom a standing ovation.

Thomas Martin, winner of the annual essay contest sponsored by the HMS Alumni Association, spoke of the humanistic awakening he had experienced while helping

# Alumni Day





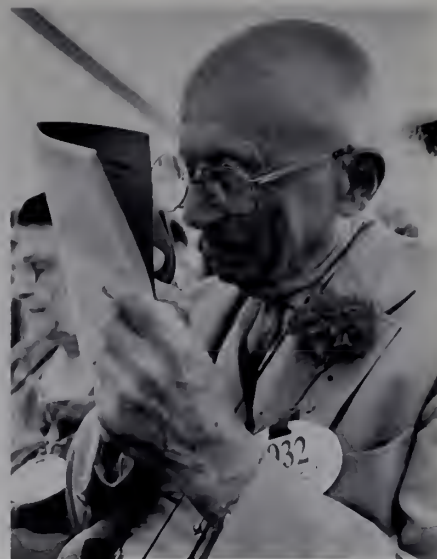
his mother through the traumatic "roller-coaster ride" of a two-week hospital stay.

Two members of the HMS community were recognized as recipients of honorary degrees awarded at Harvard University commencement ceremonies the day before. George Thorn—Hersey Professor of the Theory and Practice of Physics *Emeritus* and physician-in-chief at Peter Bent Brigham Hospital from 1942-72—was honored along with George Hitchings of the Burroughs Wellcome Laboratories. The Murray/Hitchings Laboratory for Transplantation Biology at the Brigham is named for Joseph Murray '43B and George Hitchings, who developed the first immunosuppressant drug that made organ transplantation possible between non-twins.

Dean Tosteson stepped up to the

podium at one point to announce a series of changes in the officers of both the alumni council and the alumni office. He also outlined several school curriculum changes he had been instrumental in bringing about. He updated alumni on the progress of architectural renovation, and mentioned a few of the outstanding research breakthroughs that had been accomplished at HMS within the past year.

After what seemed like an exhausting stream of official business, James A. Pittman Jr. '52, president of the alumni council, rose to announce that it was time for his presidential address. "It's the same address I gave last year," he declared. "I promise it won't take longer than 45 minutes. Five Ridge Drive, Birmingham, Alabama 35213." He sat back down in a peal of applause. □



Lester King '32



## Medicine and the Art of Motorcycle Maintenance

by Gerald T. Keusch

**W**e knew when we graduated in 1962 that we would inevitably mature, but I think the time has come to declare that enough is enough, and we will continue to have only 25th reunions from here on. In this era of bottom lines, let me give you mine: thank you Harvard Medical School for allowing me the room and time to grow up. It probably would not have happened if I had been a student elsewhere.

Does anyone in our class remember Dean Berry's welcoming speech to us in 1958, the first day we gathered as a class? He told us how carefully we had been selected from a legion of applicants, and he shared an observation that certainly was never applied to any other class before, or since: that we were the brightest class to ever enter HMS.

Dean Berry went on to say that we would surely succeed in everything we tried except that, no matter how smart we were and how hard we tried, we could not flunk out of HMS.



This was said at a time when our friends at other medical schools were being told by their deans to look to the right and left, to the front and back, because one out of every five students would not be there at the end of the year. I want to say thank you Dean Berry, wherever you are, for your confidence in us.

The late 1950s, when the Class of '62 entered HMS, was a time of super-

ficial calm and stability. But beneath that stability, seeds of the turbulence of the '60s were already planted, growing roots, and ready to emerge. We were, in the immortal words of Robert DuPont (so eloquently read by John Zinner in our second-year show) "searching for spleen."

I remember evenings in the dining room at Vanderbilt Hall, venting spleen and agonizing, partly over the repast, but largely over a sense of ennui about who we were and who we were to become. A few classmates voted with their feet that year, including one individual, infamous to the admissions office, who quit on the morning of registration day.

Life as a student was intense. Some of our classmates handled the intensity safely by immersion in study, and some used the socially acceptable violence of the squash courts. I painted a mural—a little-known and largely unacclaimed triptych entitled "The Alterpiece of the Kidney," popularly known as the "van Oich" Alterpiece. This painting was inspired by my realization during the renal block that kidneys do a great many complex things well, constitutively, with no instructions, somewhat like the workings of God. It was triggered when Homer Smith, the famous New York University renal physiologist and part-time student of religion (or was it the other way around?), was referred to in class as a "renal philosopher." This term impressed me deeply, and I concluded that kidneys were truly an incarnation of God, worthy of my artistic concern.

In those difficult days, a number of faculty at HMS had charm, com-





*From left: George Thorn, Daniel Federman, and Bradford Patterson.*

passion, and a sense of comedy—individuals such as Elvid Semrad at “the Psycho” and Harold Amos, who worked in a building across this quadrangle. With teachers like these, in departments chaired by people who not only demanded the highest academic standards but were also turned on by the wonder and excitement of their fields (I speak of Jack Ewalt and Bernard Davis), is it any wonder that so many in the Class of 1962 entered and excelled in psychiatry, and microbiology and infectious disease?

I want to share a vignette about Harold Amos. After one of his lectures, when we had all adjourned to the student labs to culture our noses or something, Harold came to seek me out. “Mr. Keusch,” he said, “you looked particularly confused during my lecture; I wonder if I can clarify anything for you.” I was, he did, and Harold Amos, I thank you.

Whenever I recall those days, I think of Guido Majno and his introductory lecture in pathology. He showed us how to orient ourselves while viewing a pathology slide: begin with the big picture, progressively focus in on the details, and then, understanding the details, dynamically reconstruct the whole organ in our minds—not a bad prescription for life itself. He then took a map of Boston from his pocket, and declared his intent to find the “Oscar C. Tugo Circle.” He put a drop of immersion oil somewhere in the center and, placing the map under the 100 X objective of a microscope, proceeded to search for this obscure geographical location, in vain. His point had been made.

Guido was also open to students. I went to see him on many occasions, only partly because of the strikingly lovely women working in his lab and the anticipation of a freshly-brewed cup of probably the best espresso at HMS.

During our second year, I lost sight of what I was doing in medical school. When I realized the second-year show ought not be my highest priority, I began to think of leaving, at least for a while. I asked Guido if he would inquire, for an anonymous student, what the dean would do if, in the middle of the summer, he suddenly received a request for a leave of absence. The answer came back: the dean’s office would be displeased, but would ultimately respond in the affirmative.

In the middle of the summer of 1969, HMS granted John Zinner and me a leave of absence for a much-needed period of stock-taking, finding adventure, learning science, having fun, and feeling in control of our lives once again. We found ourselves with shiny-new, red motorcycles and research assistant jobs at Hebrew University in Jerusalem. Thanks Guido Majno, and thanks Joe Gardella, for responding to our needs.

When I returned a year later—ready to plunge into medicine, not murals—my rotation was the ward service at the Brigham with David Nathan as my instructor. After a brief orientation, Nathan sent us off to see our first patients. I quickly realized that after my 15-month lapse I knew more about motorcycle maintenance than medicine.

I returned to Nathan’s office,

where he was drawing blood from himself—his experimental control—with a vacutainer (not atypical for him in those days I am told). I confessed my problem: I had taken a year off and had forgotten what to do. We chatted a bit and had a cup of coffee (clearly not as good as Guido’s) while David Nathan told me to simply introduce myself to the patient and ask why he or she was in the hospital. With a pat on the back, he sent me back to the wards.

My first patient was quite knowledgeable about his illness, and he responded to my opening question, “What brings you to the hospital?” with one of his own.

“It’s myasthenia gravis, Doc,” he said. “Do you know anything about it?”

“Well actually,” I responded, “I’ve taken the year off and have forgotten a few things.”

He then proceeded to take me through his history and physical exam, the pathophysiology and biochemistry of the disease, its treatment, and for good measure, gave me a few reprints of key papers. You can imagine the look on David Nathan’s face when I made my case presentation, complete with literature citations. Thanks David Nathan for your sensitivity and support, and for never asking me how I did it. And thanks to my patient that day, a man I will never, ever, forget.

When we were students, there were people at HMS prepared to back up Dean Berry by paying attention to the human dimension of students. With this help, I graduated in 1963 and, although still uncertain where in the world I was heading, my sanity and sense of humor were intact.

My career goals were shaped over the next few months. Like some of us here, I faced important choices—whether to rank a job in an NIH lab working on myeloma proteins first or to prefer an assignment in a developing country working on tropical diseases. In the end, and with a sense of guilt, I ranked myeloma first, but the job in Bethesda went to another HMS graduate, and I went to Bangkok.

I gained many insights in Asia, critical among them the realization that if progress is to be made in solving health problems, and if we are to participate in it, it is necessary for modern medical science to interface with global problems, in the Third World in collaboration with local scientists.

I discovered the exciting opportu-



nity to combine the study of the molecular pathogenesis of infections with clinical investigations in the field. Jon Rohde '67 describes it as taking science where disease is. I was ready to find my own way to do this. The words of Louis Pasteur, "Chance favors the prepared mind," which are engraved on the threshold of Vanderbilt Hall, must have made an impression.

For the past two decades, I have been working on diarrhea and dysentery, among the leading causes of death and disability of children in the Third World. I am trying to understand their pathogenesis using *in vitro* and *in vivo* experiments in animal model systems here in Boston, and by clinical investigations in Central America, Asia, and Africa. Using the tools of modern genetics and molecular and cellular biology, I am working toward development of preventative and therapeutic modalities.

Michael Bennett, Big Daddy in our second-year show and a guru still, recently told me he would not have predicted that I would be as committed to my work as I am today. Neither would I have. Fortunately, there were wonderful individuals at HMS who related to me and my individuality, and who seemed to tell me it was all-right to seek my own way. And that, without doubt, is why everything turned out so well.

In closing, I want to tell a short story I heard recently from Sam Thier, one of a group of remarkable house officers at Massachusetts General Hospital when we were students, who is now president of the Institute of Medicine at the National Academy of Sciences. At the dedication of a new research building at New England Medical Center, he told us about a rabbi who was walking with one of his congregants when they came upon two good friends vehemently arguing opposite sides of the same question. When they asked the rabbi for his judgment, the rabbi heard the first one out and said, "You know, you're right!"

The second friend then argued his case, and at the end the rabbi said, "You know, you're right!" The friends, thus feeling redeemed, shook hands and walked off together; they had each heard what they wanted to hear.

The remaining congregant then said to the rabbi, "I can't understand this, here were two fellows arguing opposite sides of a question and you told them both they were right. Rabbi, surely both can't be right."

The rabbi pondered, turned to his congregant, and said, "You know, you are right too!"

There are many paths to follow in medicine, and they are all right paths for the right persons. As chief of the division of geographic medicine and infectious disease at New England Medical Center, I have found a way to be involved in international health problems, to work in the field, to maintain a basic research laboratory that continues to be productive, creative, and hopefully funded, to see patients, and to train students and fellows from both here and the Third World.

For all this, I want to thank HMS, Deans Berry and Gardella, Harold

Amos, Guido Majno, David Nathan, and many others. To be totally fair, I want to thank my lucky stars as well. I hope that you, my classmates, and members of other reunion classes at HMS, and especially you, the Class of 1987, have similar memories of these buildings, of the characters that filled them, and of what went on inside and outside of them in your days. And I hope that you will feel that your path is right too, and that HMS played a role. □

*Gerald T. Keusch is professor of medicine and chief of the division of geographic medicine and infectious disease at New England Medical Center Hospitals.*



## Life Among the Lilliputs

by Henry Vaillant

One of the paradoxes of the Harvard Medical School graduate is that although most of us probably chose to go to medical school because we wanted to be real doctors, we ended up living in academic worlds. We get paid with printed IBM checks, and the only telephone calls we receive at night are from our teenagers' friends. Early in our medical school education we were taught that primary care patients were the stuff of the LMD and the OPD. Our goal in 1962 was to become eminent in our chosen field, be it research, teaching, or administration. "As long as you're up," we used to say, "get me a grant."

Fortunately for me, as a student at HMS, I was exposed to Jean Mayer and Charles Davidson. Mayer participated in teaching a course called "The Care of the Family" which I took in my third year. The family assigned to me got so sick under my care that every single member had to be hospitalized. This made me think that primary care might be quite interesting after all.

As an intern I was exposed to Davidson's theory that longitudinal

care of outpatients was intrinsic to the education of a house officer. I can remember Davidson coming up on the wards and pulling me out by the ear so that I would get to my



outpatient clinics on time. I found longitudinal care a fascinating challenge.

Eventually, I followed Greeley's dictum and went west to Acton, Massachusetts to practice primary care internal medicine. I've chosen the

theme of Gulliver's voyage to the land of the Lilliputs to describe the charms of primary practice and its multiple, binding ties—often invisible to the outside observer, but always there.

Jonathan Swift wrote *Gulliver's Travels* in 1726 when he was, like me,

in his fifties. For his protagonist he chose Captain Gulliver, a graduate of Cambridge University's Emmanuel College who couldn't seem to cut it as an apprentice surgeon in London. Instead Gulliver decided to ship out as a naval surgeon, was shipwrecked,

Alumni  
Day

## Harvard Women in Medicine

On June 9 two dozen women gathered in the Waterhouse Room for the second annual HMS Women's Alumnae Dinner. From the Class of 1949 (the first to graduate women) to the Class of 1990, the women physicians, residents, and students shared medical school memories. The experiences they recalled ranged from a harsh admissions interview with a faculty member who said he had never recommended a woman for admission, to the kindness and wisdom of the late Herrman Blumgart at Beth Israel Hospital.

The annual dinner is intended

to celebrate women in medicine, and to provide a professional network where they can exchange information and serve as role models. Some women talked about specialty training options. Others conversed about the changing atmosphere of American medicine, or about the Celtics in the play-offs.

Jane Schaller '60, chairwoman of the pediatrics department at Tufts and a past president of the alumni council, was this year's guest speaker. She set the tone with personal reflections on her efforts to maintain a balance between her private and professional lives.

She described her first lecture at HMS when she and the other five women in her class agreed to disperse themselves throughout the hall, rather than sit together. The professor kept referring to "something called D-N-A"; she asked the male student next to her what the letters meant. His startled glare reinforced her belief that women students should not ask questions, she said.

Following her speech, Schaller asked others to respond with their own anecdotes and thoughts. "It was the first time I attended a meeting where everyone stayed until everyone spoke," recalls Barbara Bierer '80, one of the organizers of the event.

Some alumnae talked about career choices. "I never wanted to go to medical school," said Schaller. "I wanted to be a concert pianist." But her mother wanted her to be a doctor. Katherine Poole Wolf '63, on the other hand, followed the trail blazed by her mother and grandmother, both physicians: "I was born a physician, named after my grandmother."

They talked about marriage, children, and their own bouts with illness. They also discussed encounters with women and men whose personal and professional support kept them going in spite of the special obstacles they face as women physicians and scientists. Like others who said they are glad they chose medicine, Bierer noted, "The opportunities available to physicians are still unique." □

—Sharon Bray



Jane Schaller speaks first.





and after wisely stashing a keg of brandy on his lifeboat, came to his senses on the shore of an island.

There he finds himself firmly tied up in a web of thousands of gossamer threads. He has become the prisoner of a race of tiny people only six inches high who speak a strange tongue but treat him very well indeed. The Lilliputs feed, evacuate (Swift went into great detail on this matter), and transport him using a variety of ingenious engineering techniques.

The Lilliputs are fearless; they walk all over him, but are kind and tolerant on the whole. They teach him their language, and calculate his daily ration by serving him the food that 1,724 Lilliputs would consume.

This deftly mixed blend of hospitality and imprisonment is a characteristic also of medical practice. Your privacy becomes an early casualty. I learned I was being observed during my first weekend off duty when I took my children to an agricultural fair three towns to the west. We were looking at rabbits in their hutches and my children were misbehaving. I made a few gentle, fatherly remarks like, "If you don't cut that out, you're going right home for a spanking."

At that point an old gentleman arose from behind the hutches. "I guess those kids ain't acting much better than those pills you prescribed for my stomach last week," he observed.

Going to the town dump was similar. Someone would sidle up to me as I was dumping my awful offal from

the trash and remark, "Sorry to bother you on a Saturday, but this knee you looked at just doesn't seem any better."

Bank and supermarket lines were a particular hazard. Whereas a Groucho Marx mustache and glasses made it hard for my patients to recognize me, they also made it difficult for the bank manager to authorize my overdraft.

One morning the school bus pulled into my driveway and disgorged a miserable, vomiting teenager I had never seen before, whom my wife and I had to attend to in our pajamas. When I mentioned this to one of the senior physicians on our hospital staff, he told me about the three As: "To succeed in practice, Henry, you need ability, affability, and availability. And of these three, the last is by far the most important."

The flip side of this, however, is that you are looked after in a thousand little ways—like the Lilliputs looked after Gulliver. During the oil embargo, the local Mobil dealer would fill my tank after hours behind a gas station so that I never had to wait in line. Lasagna would appear mysteriously in my office Saturday nights when I was on call. And when I slept through the phone late at night, the police would knock gently at my door and project their softly whirling blue light on my ceiling until I could ignore their summons no longer. A speeding ticket was once settled by tithing me an extra \$25 on my pledge to the Community Chest. My auto

insurance policy remained pristine—sans Dukakis demerits.

Many HMS graduates share the same secret fear that I had about going into practice: suppose I hang a shingle up on the door and nobody comes. I had been warned to expect nothing but kooks, deadbeats, and alcoholics during my first year, but there were actually some surprising additions.

One surprise was the varied sources of referrals. My lucky diagnosis of pancreatic pseudocyst in a gentleman who frequented the mill-town tavern brought forth all his friends, relations, and fellow barflies. I hear he used to toast *my* health at the beginning of each of his prodigious drinking bouts.

I was also fortunate to receive a flock of patients from the RFD route of a mailman whose early and miraculously curable bronchial tumor I had found on a routine chest X ray. Several employees of a veterinary clinic insisted on my services because of our lovely cat who had been neutered on their operating table. And school teachers would occasionally turn up, undoubtedly because of the academic prowess and social charms my children displayed in first and third grade studies.

My favorite referral story occurred one rainy night when I was called to the emergency room as "internist on call." The ER doctor



*New director of alumni relations, William McDermott, behind Harold Freeman '27 and beside George Clowes '41*





*Alice Woodall, wife of Martin Woodall '30, in new building.*

was beside himself because a miserable lady was refusing admission despite severe food poisoning, dehydration, and ketosis. A grim-faced husband and a dirty little boy were in the cubicle with her, echoing her refusal. When I arrived and began humming the usual litany of sound medical reasons for admission, the problem soon became all too obvious—no health insurance and fear of hospitals. As our one-sided dialogue progressed, the little boy began to laugh, first in stifled giggles and then uncontrollable hooting. His embarrassed parents tried in vain to contain him.

Finally, I asked him what was so funny. "You, you look just like Eliza!" It seems my daughter Eliza and he were kindergarten classmates. After his parents and I figured this out, the tension broke, the dehydrated lady agreed to admission, and all was well in two days.

Just as the Lilliputs tested Gulliver by shooting tiny arrows into him, so my patients test me. When I suppress my flinch reaction, they become devoted friends and supporters.

I remember one Friday afternoon when I was kidnapped by a manic gentleman who had about the size and disposition of Refrigerator Perry. As we drove off, he cheerfully confided to me that he had thrown two Boston policemen through the glass doors of the Parker House earlier that day because they had tried to hold him down. Needless to say, I agreed

with every opinion he expressed.

What I didn't learn until later was that community members had inconspicuously tracked us, using their CBs to keep my office and the police informed of our whereabouts. When I finally persuaded the giant to turn himself in at the local emergency room, there was a welcoming party arranged by the radio buffs, consisting of some of Concord's finest plainclothesmen and our chief of psychiatry, well-armed with a horse syringe filled with thorazine. On this occasion I was the Lilliput, and my patient the Gulliver. We both survived the experience and have remained friends.

The satisfactions of practice have been enormous, but not at all what I expected. The clever diagnoses that I had intended to make come infrequently and often lead to far more grief than cure. Who on earth wants to find a lymphoma, a case of lupus erythematosus, or Wegener's granulomatosis?

The friendship and teamwork of colleagues, staff, and long-term patients are a constant source of sustenance. I have no doubts about what I do and whom I serve. I have about 2,000 department "chairpersons." That's about the number of Lilliput rations it took to feed Gulliver. I wouldn't change places with anybody.

Let me offer a few solutions to the riddle of modern medical practice. Namely, how does one avoid burnout, boredom, and depression?

Many young doctors want to practice but are fearful. The Blues, PROs, HMOs, and DRGs are continually threatening to drown us in boiling hot alphabet soup. If they don't succeed, the lawyers surely will, by sinking us in horrible malpractice charges.

Again, I draw from the wisdom of Gulliver. When the Lilliputs were threatened by naval invasion, Gulliver attached threads to the enemy vessels, lysed their anchor chains, and drew the vessels to him so they were under his control rather than permitting them to sail against him. Gulliver had found the solution to the despair, cynicism, avarice, and all those other vices that afflict the practitioner. Taking control of our own fate is not one of the skills we learned in the medical school curriculum.

As I read the autobiographies of my classmates, I am impressed by how many begin by saying 'tomorrow I am going to do this' or 'I plan to do that later'. The time, my fellow Gullivers, is now. There is no reason why a life in medical practice cannot be crafted to one's liking.

And what of the future? Will we be unionized, corporate slaves, or civil servants? Again, that is up to us. Although my group has recently become involved with a well-known local prepaid plan, we are committed to maintaining our fee-for-service tradition. My opinion is that pre-paid medical care will be an important but not dominant fraction of health-care in the future.



*The elusive Palmer Beasley on stage, far right, with other Alumni Day program participants.*



There comes a time when one must allow for the passage of time and skills. For most of us it is between age 50 and 60. When Gulliver realized that some of the Lilliputs were beginning to hatch plots against him (they were going to shoot their tiny arrows into his eyes because they thought he was consuming too much food), he chose to build his own boat

and sail away to his next adventure. My ark remains on the drawing board, but I promise more details in the year 2012. □

*Henry W. Vaillant is a partner at Acton Medical Associates and president-elect at Emerson Hospital in Concord, Massachusetts.*



## Song of an Unsung Poet

by George Bascom

I must confess I was thrilled to be invited to read a few poems at the medical school that counts Oliver Wendell Holmes, Hans Zinsser, and Merrill Moore among its doctor-poets. I am honored by the designation of poet laureate for the Class of 1952, although I am not sure who bestowed the title nor how intense the competition was. However, in defense of the choice, I want you to know that in all humility I am among the 10 leading poets of Riley County, Kansas. Well, my part of it, anyway.

These poems grew out of moments in a busy, troubled, interesting surgical life that I was moved enough to save. The first describes an orthopedic friend, a man of sturdy independence and unapologetic honesty, who is very clear about his narrow, well-defined interest in medicine. I think of him as:

### THE UNCOMPROMISED ORTHOPOD

I fix bones and bones is all I fix.  
Don't come to me with pimples,  
Pleurisy or prostatism. I don't  
Give a damn about pneumonia,  
Corns or rubeola.  
A plague on asthma.  
A pox on gallstones, ruptures  
And appendicitis.  
I fix bones. I waste no tears  
On drunks, malingerers  
Or psychos. Pregnancy  
Bores me. Serew Von Willebrand's  
Disease.  
The Guillan-Barre Syndrome,  
Tuberous sclerosis,

Tsutsugamushi fever and  
Every other weird  
And Christless ailment.  
Bring me your fractures  
But forget about despair.  
I fix bones and bones is all I fix.

Many of us came to medical school with inflated egos whose ongoing deflation began with the first anatomy quiz. This next poem is written for the majority of the Class of 1952, whose brilliant futures are behind them. For those who might not remember, Kohoutek was a much-heralded comet.

### KOHOUTEK

By the exacting standards  
Of celestial science  
You were not much.  
We were prepared for incandescent  
glory  
Across the astonished sky.  
But, frankly, most of us  
Did not take the trouble  
To identify the smudge  
Of your reality.  
When aspersions became fashionable,  
Astronomers explained  
You were only a few hundred aimless  
pounds  
Of dirty ice  
Streaking through the cosmos.

Their indignation seemed mean  
spirited.  
Surely in this splendid universe  
There is room  
For a mediocre comet.



I suppose poetry compensates in part for the modesty of my professional accomplishments. The following insight came from a patient from Leonardville, Kansas:

### DEAD RINGER

I liked him instantly.  
He had an open face,  
And wore an easy grin  
As he acknowledged  
He was champion horseshoe pitcher  
Of the state of Kansas.

I thought, "By God,  
We two are just alike.  
Damn good  
At doing something useless."

Sometimes we succeed in our work so well that we need to beware of overweening pride. There's a little brag in this poem.

### HUBRIS

For a moment I understood  
Why He is so chary with success.  
It is a heady drink.  
Last night I did  
A ruptured aneurysm.  
Every move was right—  
Well, not every move.  
I tore a vein—  
But every vital move was right.  
God dealt kindly with my errors,  
And the man emerged from anesthesia  
Like spring arriving on the plains.  
Of course, I knew who pulled my  
patient through  
(at least I knew who didn't).  
Yet driving home I caught myself  
Expecting stoplights  
To turn green as I approached.

Then sometimes we fail and search  
for comfort and absolution. This next  
is in remembrance of a patient I lost.

#### FB.—A FAILURE

An apology would seem to be in  
order—  
Though Sabiston says go after  
them,  
Says one should take a wedge  
of atrium  
Or sacrifice some vena cava  
when malignancy like yours  
Burrows and sticks fast.

Your pardon should perhaps be  
asked—  
Though someone says these  
things were meant to be,  
Were marked upon your  
calendar and mine  
From when time first began  
to tick;  
Though someone sees a blessing  
in your death  
Since you had so little chance  
for cure.

Yet some forgiveness seems required—  
Because you favored me with  
hope and trust,  
And, though I said, "We'll take  
good care of you."  
A clamp slipped off the atrial wall.  
Blood welled from that awful  
wound,  
And you were dead.

An apology would seem to be, as we  
say, indicated now—  
Now clamps have failed and  
cautery,  
Needles, monitors, and gas;



*Moderator William Donahue at the podium.*

Now catheters, now pumps,  
now everything.  
This post-operative contingency  
Is nowhere covered by authority.  
Without technic or text  
I am alone with the apology I owe.

Through experiences like this we  
learn the stakes involved in a:

#### SURGICAL CONSULT

With vigor and technology  
I have intervened  
In countless lives.  
That is my job.  
My calling is to know  
When things have gone awry  
And then to throw the weight  
Of all I know, all command,  
Down on the side of life.  
So I have intervened  
And, by and large, successfully.  
But sometimes, choosing wrong,  
I set that weight  
Upon the side of dissolution.  
Then beleaguered lives have had my  
choice to bear  
Along with all the other ballast  
Dragging down.  
I recall tonight  
With all the vividness of color slides  
A frightful catalogue of failure:  
Fecal smelling wounds,  
Grey black tissue,  
Bleeding uncontrolled,  
Pallor,  
Stupor,  
Death.  
And tidal waves of anguish  
Out of wounded families.  
This is the weight I feel upon my hand  
As I reach out again  
To intervene.

I wrote this last poem on a Wednesday last month. I must have had today's reading in mind since it has the feel of summing up. It is an appropriate note for an ambivalent graduate on Alumni Day at HMS.

#### DESTINY

A hard day—let me see—  
A colonoscopy that made me sweat,  
then  
rounds and everybody sick, especially  
the gentle pastor failing from  
lymphoma and the  
ninety-year-old trying to recover  
from her  
perforated ulcer, a couple of fevers, and  
old Fritz—my German prof, my God,  
forty  
years ago—now bewhiskered,  
demented with  
a meningioma and a pneumothorax.  
Then  
the kid celebrating end of term,  
frolicking on  
the roof of his fraternity, falling  
thirty feet,  
crushing his skull and several spinous  
processes,  
flaccid, serenely intubated, pupils  
fixed  
and wide,  
somehow hanging on four futile  
hours. And  
a mongrel bit off half  
a six-year-old's left ear—he yelled  
like hell  
but let us sew it up. And in the midst  
of all this tumult, feeling a serious  
satisfaction,  
I thought, maybe after all  
this *is* what I was meant for. □



# The Words Not Spoken

by Thomas P. Martin Jr.

**T**he medical student would present the case. The intern would introduce himself as the doctor in charge of her care. The resident would tell the medical student what a "great case" it was; that it was a "classic" and that, like the hundreds more he'd see like it, it would be a "good work-up" to follow.

I found myself rehearsing these things in my mind as I drove toward Philadelphia last fall. I saw the woman in the scenario more clearly than the highway in front of me—she was my mother. A solitary pulmonary nodule, found on a chest film a week earlier, now had us making this three-hour trip from our hometown to a Philadelphia hospital.

As we drove, I felt torn between the comfort of knowing that at a major medical center my mother would probably get better care, and the anxiety of handing her over to a system with shortcomings that I knew too well; a system I had been part of, which until now, hadn't bothered me.

Two years ago, as second-year medical students in the "Introduction to Medicine" course, we accompanied a Harvard psychiatrist in and out of patients' rooms for 45 minutes, twice a week, to learn about the experience of hospitalization. Led by a student in our group, we would walk into a room and attempt to engage the patient in conversation. Knowing neither what to expect nor the significance of the responses we elicited, we would chirp "so-how-does-that-make-you-feel" to every statement they made from, "I lost my parents in World War II" to "I haven't had a bowel movement in seven weeks."

Our brief interviews were followed up by discussion sections where we would pat ourselves on the back for noticing hostility in the patient's voice when he talked about his doctor, or tearfulness when he recalled better times. I remember feeling that these sessions were pointless. Most patients seemed to deal with their illness with

the same blank detachment that I expected they would.

At the time, I was more preoccupied with getting my presentations down to seven minutes and figuring out what questions my preceptor would ask afterward. I was also terrified, anticipating the first night I would be called to start an IV.

A year and a half later, when my mother was admitted to the hospital, I learned the lesson I should have learned during those 45-minute interviews.

I remember feeling a piercing sense of helplessness as the routine that I had seen and participated in a hundred times before began. Being on the other side of the hospital bed initially seemed almost comical.

At noon, the intern and medical student came into my mother's room to take a history and perform a physical exam. I could see myself in their

thinly-veiled attempts to mix humor and business to gain our confidence and put both my mother and themselves at ease. A steady stream followed: the resident, the primary nurse, the pulmonary fellow, the infectious disease fellow. Six hours later my mother had told her story and been examined six times.

I tried to explain to her why it was important for each staff member and consultant to draw a separate conclusion from separate histories and exams so that no possibility or option could be overlooked. After an afternoon and evening of histories and physicals, however, my explanation lacked its original conviction.

My mother's questions became harder to answer. What I initially thought was funny began to wear on me too. I couldn't answer why she needed daily blood work; why they required four urine specimens after samples were lost, mishandled, or misplaced; why she needed her blood pressure checked at 2:00 and 6:00 a.m. when it had never been anything but normal.

After a week, I couldn't believe my anger. These were complaints I had heard before but had never listened to. It was the rare intern who would adjust medication schedules, minimize blood work, or explain to a patient why lab tests had to be repeated when samples were lost. As



*James Pittman awards Thomas Martin.*



*William Cochran honored for service as director of alumni relations.*

my mother's hospital stay wore on, these points became major issues in my mind.

I was shocked to find a consultant who, after taking yet another history, stood within earshot of the room and announced to his team, "That's a cancer if I ever saw one." This came minutes after I tried to present the information we had obtained thus far in the most positive light I could.

Then there was the surgical intern who arrived at my mother's room, the morning after her pulmonologist declared her lung nodule benign, to announce that he was there to prep her for an open lung biopsy the next day. The pulmonologist hadn't informed us of his change in plans. I became increasingly protective, angry, and frustrated in response to what I knew to be routine, but perceived to be tremendous mistreatment of a patient.

For my mother, things turned out well. Two weeks after admission she went home with the diagnosis of a benign condition. As I drove back to Boston, I was struck by how unprepared I had been to deal with, and to help my family deal with, the roller-coaster ride of a hospital admission. This occurred despite the fact that I was part of the same medical system I now found so foreign and untrustworthy.

I remembered speaking with a house officer while I was interviewing for my residency who told me that the one thing she thought had best prepared her for internship was being a waitress.

Months later, I was back on the wards, back on the supply side of the medical establishment, on the renal consult service. We were called to

see a 61-year-old woman with a lymphoma that was invading her kidneys and causing a lower urinary tract obstruction. Ms. D was unable to perform even the simplest tasks for herself. She was morbidly obese, alopecic from chemotherapy treatments, and had stents draining her obstructed kidneys bilaterally. Her daughter was at her bedside. Ms. D's consciousness waxed and waned under heavy sedation.

When we entered the room, the daughter immediately began to question us about our plans for another round of chemotherapy and about when her mother would be able to go home. We explained that we were only the "kidney doctors," there to make suggestions on a very small part of her mother's care, and that she should speak with the intern who was in charge of the case. I felt strangely like the interior decorator dodging questions about the landscaping going on outside.

She went on to list several other doctors, who we identified for her, asking in turn if this was the person to whom she should address her questions: the hematologist-oncologist, the radiation therapist, the urologist, or the infectious disease fellow. The daughter was unable to identify her mother's intern. With what I am certain was the same anger and helplessness I had felt only a few months before, the daughter left the room.

Around the walls and on the stand beside the bed, were cards and banners. A plaque hung on the wall: "To the World's Greatest Mom." We asked our questions, examined Ms. D, and told her we would do what we could.

As we turned to leave, she called us back to show us her latest card, which like all of the other cards, the banner, and the plaque, was from her daughter. She pointed to the bottom of the card where in red marker was written, "For all the times I've forgotten to say it, I love you. Judy."

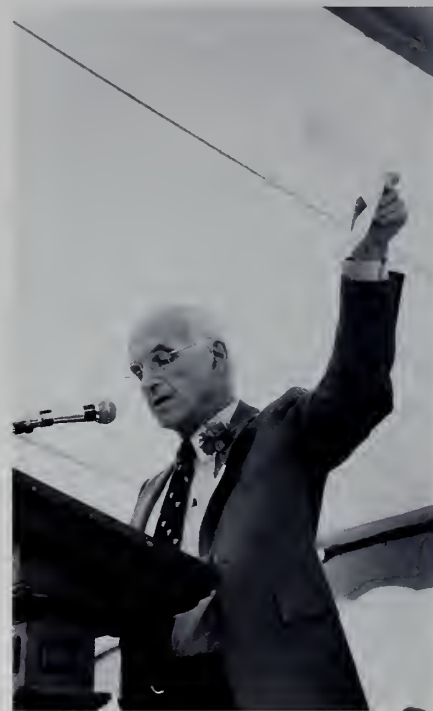
The sense of inadequacy I felt at that moment overwhelmed me. I felt confronted with my blindness to the patient, confronted with hiding behind the very medical system I had found such fault with when my own mother was hospitalized. I felt confronted with my own lack of courage compared to this woman, an outsider, who fought the confusion of major medical center medicine to get the best care for her mother, and who still managed to maintain the love and compassion that defines a caring person.

I see that I have passed through several stages. As a beginning medical student, the patient's experience in the hospital was as much a mystery to me as the rest of medicine. It had been easier then to concentrate on how a patient was doing physically than emotionally. I was willing to blame the coldness of medicine on "the system," with its multi-layered, subspecialized delivery of health care. Finally, in that patient's room in February, I learned that people were what really shaped the patient's experience.

Academic center medicine, with all its inherent confusion and complexity, may not be the best way to deliver personalized care, but its lifeblood is still the individual physician. Interactions are still one-to-one. As physicians, we determine the content of these interactions; we shape the patient's perception of their illness and, in the long run, themselves.

In July, I'll begin my internship. My meeting with Ms. D is something I hope will help me remember the healing power that a simple demonstration of compassion can carry. I guess I'm lucky to have had an experience at least as good as waitressing to prepare me for internship. □

*Thomas Martin '87 won the alumni council's annual essay contest with this piece.*



*Joseph Murray announces \$1.95 million raised in annual alumni fund drive.*



# Cheers to a New Director of Alumni Relations

by Clement Hiebert



When William V. McDermott '42 was inaugurated as president of the New England Surgical Society last September, Clement Hiebert, then vice president, introduced him with a lively speech. We have adapted that speech here, this time to introduce McDer-

mott as the new director of alumni relations. McDermott takes the place of William Cochran '52, who decided to return full time to clinical work.

For the past 20 years, McDermott stood at the helm of Harvard surgical services, first at Boston City Hospital and then at New England Deaconess Hospital. A specialist in liver and other gastrointestinal disorders, he is perhaps best known for his studies of liver function and portal circulation, particularly as they relate to surgery.

In January 1985, McDermott retired as chief of surgery at the Deaconess. Upon retirement, he received an unusual gift: a named professorship created in his honor by donations from former patients. "In addition to being a wonderful guy and a fantastic doctor," remarked one grateful donor, "he saved my life. It would take a volume to tell you how I feel about him. He's done such good for so many people."

McDermott stated that he could not vouch for the absolute accuracy of all facts in the following speech. When asked, he said, "Half the lies they tell about me aren't true."

Bill McDermott is a man for whom audiences have been on their feet and residents on their toes all his professional life. Indeed, the crowd was on its feet that October afternoon, fifty-two years ago, when my tale begins.

Andover is deep in its own territory on the football field at Exeter. Fourth period. Fourth down. "Block that kick!" cries the crowd. The Andover kicker drops back to the end zone. Playing at right end for

Exeter is McDermott. The ball is snapped. McDermott charges like a leopard at its prey. The Andover kicker's toe catches our hero in the mouth, and McDermott is out cold.

When he comes to, McDermott is minus four front teeth, and his team, minus ten yards for roughing the kicker—a sobering moment in the career of a would-be-professional ball player. Bill decides to become a doctor instead.

I was having lunch with Bill at the

Harvard Club when he told me this story; I thought it would make a nice addition to the slide show introduction I was preparing. The first slide, I imagined, would illustrate the emergence of this master surgeon from humble beginnings on the farm, perhaps watching from a wagon while his father removed the liver from a freshly-slaughtered cow.

The next slide might show him peddling *The Saturday Evening Post* in the rain, to supplement his family's meager income during the Depression years. But when I asked Bill about his family during the Depression, he responded, "Poor? Hell, we were a family of tycoons!" (He went on to say that his grandfather was a tycoon, but that his father was only a neurologist.) There went my slide show. There must be another way of introducing Bill.

To my rescue came a number of associates, former residents, classmates, and patients. I wrote to Bill's most famous patient, Cassius Clay; to his classmates Arthur Schlesinger and Secretary of Defense Casper Weinberger; as well as to Bill Castle, George Clowes, Mel Osborne, Frank Wheelock, Rich Warren, Judah Folkman, David Skinner, Jack Norman, Richard Finley, and others. Their detailed response contributed to the following story.

Bill grew up in a big house in Salem, Massachusetts. He went to Exeter and then Harvard College, where he nurtured friends and their habits to insure himself a continuing practice in liver surgery later on. His career had three parts: 20 years at Massachusetts General Hospital, 10 at Boston City Hospital, and just over 10 at the Deaconess.

His tenure at MGH was twice interrupted, the first time by military service during World War II. He participated in the Normandy Landing on Omaha Beach, received a Bronze Star and five battle stars, and became a major. He returned to be a major domo at MGH where he wrote his famous paper on defining the chemical nature of hepatic encephalopathy, which thitherto had been smidged-over as simple liver failure.

The second interruption in his MGH career was an NIH research fellowship in the department of physiologic chemistry at Yale. Shortly after he returned from that sabbatical, a breathless Richard Warren informed him that he had "just been made a member of the august Society of University Surgeons!"

Bill's response: "What's that, Rich?"

Having exhausted the liver supply at MGH, Bill looked to more verdant fields and became director of the Harvard surgical service at BCH and chief of the Sears Surgical Laboratory. Life at BCH was decidedly different. Instruments were left there from the turn of the century and, as facilities for housing animals were inadequate, baboon cages were placed in the rear of a station wagon owned by one of Bill's associates, Fred Akroyd.

Not only were facilities meager, but patients were different from those at the Phillips House. One patient, taken to task for smoking in his bed and setting it on fire, protested that his bed was *already* on fire when he got in! Bill reckoned that his job at BCH was something like that.

Still, he got things done. Cardinal Cushing (as quoted by Rich Warren and Bill Castle) once noted, "Bill McDermott can talk a dog away from a meat wagon."

Bill's own comment about his difficult times was, "Administrators and bureaucrats will act rationally, but only when all other possibilities are exhausted."

Bill's most famous patient at BCH was Cassius Clay. When he heard the boxer was in the emergency room of BCH, he made his way there. But the parking lot attendant told Bill that he could not put his car where he proposed.

"Why not?" asked Bill.

"That spot is for big shots," said the attendant.

"But I *am* a big shot," responded Bill.

"Okay, then."

Bill's operation on the boxer's strangulated hernia went very well. But when the patient wanted his new wife in bed with him on the night after his operation, Bill said, "My repair is good, Mr. Clay, but not *that* good!"

Jerry Austen noted that "Cassius Clay was the only person Bill ever met he couldn't out-talk."

What the city hospital lacked in facilities, Bill made up for in organization. He created a fine residency program which graduated such notables as Jack Norman, Fred Akroyd, Tony Monaco, and Judah Folkman. When Bill left BCH, George Clowes tells us, someone asked if it had been worthwhile.

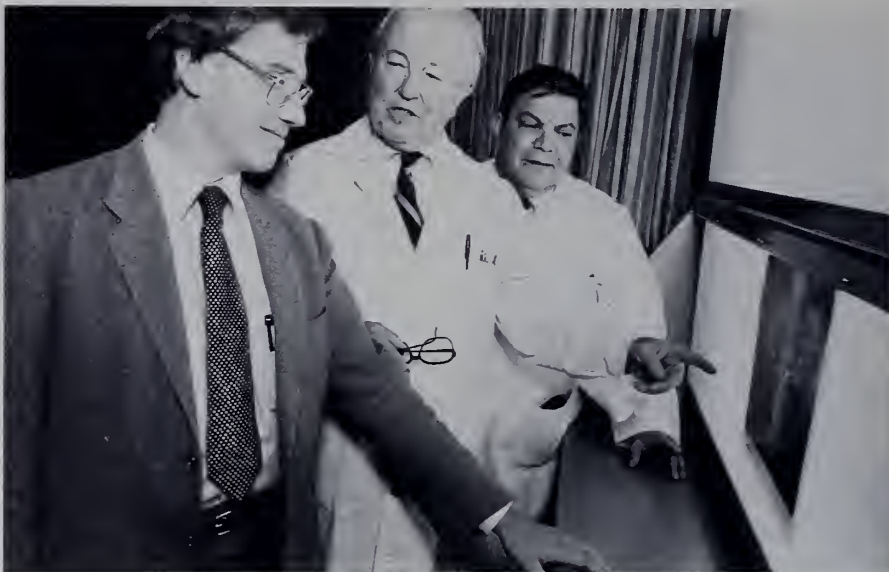
"Just," Bill replied.

Richard Finley, once a fellow

under McDermott, quotes Bill with this advice: "Develop an operation, the results of which won't be known for 15 years, and by the time anyone knows whether it's good, you'll be president of the American College of Surgeons."

Mel Osborne recalls Bill commenting to a resident who was preoccupied in the operating room with a bleeder in the midst of a torrential fifty-pint gush: "You don't have to worry about a bleeder unless you can *hear* it."

The third portion of Bill's career was at the Deaconess Hospital, where he initiated the largest liver transplantation center in New England, and



McDermott, middle, with transplant surgeons, Jenkins and Monaco.

where he strengthened the department of surgery enormously. As before, Bill found his greatest satisfaction in bringing along young people. Frank Wheelock comments that the chief received 4,000 applications for the residency program during his years at the Deaconess and, out of that number, graduated 66 superbly trained surgeons.

Bill held many honors in his life. He was president of the Boston Surgical Society, on the editorial board of *Journal of Surgical Research*, president of the Harvard Medical Alumni Association, president of the Massachusetts chapter of the American College of Surgeons, member of the board of governors for the American College of Surgeons, and much more.

Bill published 185 papers and has at least that number of quotable passages attributed to him:

"Academic surgeons either *do* great things or *take credit* for great things, but seldom both."

"I am convinced that nobody writes a good paper in medicine after the age of 40, in physics after 30, in biochemistry after 25, or in math after 22," he told me.

When I pressed him for the reason, he responded, "When you're young, you don't know enough to know that something won't work."

I asked him how his life would have turned out if he could have changed things. He replied that he "would rather have played varsity football at Harvard than gotten into 15 medical schools!"

"Nothing clears the mind like the absence of alternatives," he stated in another context.

Finally, I pressed him for some special advice to young surgeons. He paused. The floor of the aging Harvard Club creaked as a waitress cleared tables in the now nearly deserted dining room. We had been talking two hours. "I would say," he began, "don't worry about the world and your position in it. Be true to yourself." Perhaps this last remark is Bill's wisdom and method in a capsule. □

*Clement Hiebert '51 is former president of the HMS alumni council. He is currently chairman of the department of surgery at Maine Medical Center in Portland and is a senior member of the American Board of Surgery.*



# REUNION REPORTS



## 60th Reunion

Because a poll of the remaining 32 members (from an original 135) of the Class of 1927 indicated enthusiasm—tempered by health and distance—for a 60th reunion, one was planned with much help from Ralph Travis, Jane Bruno, and colleagues

at the alumni office. The local committee consisted of Jim Sacchetti, Bill Marlow, and me. As it turned out, 11 members made definite plans to come and 9 of these (7 with wives) attended either the quadrangle activities on Friday, the dinner that evening at the Harvard Club, or both. (Two members of the original 11 could not make it for reasons of health.)

One classmate, Ted Hyde, came from The Dalles, Oregon; George and Mrs. Sharp came from Pasadena, California; Mickey Freedman came from

Hallandale, Florida; John and Mrs. Pallo from western Massachusetts (Westfield); and from the Boston area came Si Elliott and wife, Alex and Beula Marble, and Jim and Kitty Sacchetti with their daughter Sylvia.

In the scientific symposia on Thursday, the well-chosen speakers presented their topics superbly and it was not their fault that some of the material was not understood by an octogenarian! On Friday morning the talks in the quadrangle were interesting, informative, and entertaining. At

noon, stair-climbing for the class picture presented a difficult but surmountable problem for some. The luncheon was enjoyed along with lively talk and exchange of ideas.

The Friday evening social hour and dinner permitted much time for leisurely conversation. We were grateful for the presence of Dr. and Mrs. Federman. Dan, dean for students and alumni, brought us up to date on the present status and future plans of the school, especially regarding the "New Pathway" concept of teaching students. He and a student, Daniel Deschler, kindly answered many questions.

All told, it was a most enjoyable reunion. We recommend it to other 60-year classes as they come along, perhaps combining forces with interested over-60 groups.

—Alexander Marble

## 55th Reunion

The HMS Class of 1932 celebrated their 55th reunion by attending Class Day exercises, a dinner in the Harvard Club on June 12, and a luncheon at the home of Claude Welch on the 13th. The reunion was attended by 23 members of the class, 20 wives, and a few additional family members. Classmates in attendance were Altschule, Budnitz, Doyle, Duncombe, Goldowsky, Goodman, Graham, Ham, Holtham, Hume, King, Levine, Mansfield, Marcy, MacCready, Nealon, Patterson, Sterner, Walter, Waltman, Wearn, Welch, and Wilkins. Deaths recorded since the 50th reunion include Dave Loewen, Tony Savastano, George Baker, Ted Clark, John Dynes, John Franklin, Gene Gaston, Ludwig Hirning, John Knight, Harold Laroe, Gordon McSwain, Jim Parker, and Willard Rew.

At the business meeting in the Harvard Club, Stafford Wearn presented a scroll of appreciation to Carl Walter on behalf of the class. Signed by all members present, the scroll was given in recognition of Carl's unremitting generosity, his efforts to increase contributions to HMS, and his scientific achievements. Virginia



Linnane was named an honorary member of the class.

At the luncheon, George Marcy supervised screening of the famous movie of the Stomach-tube Derby. The film, which resides in the Countway archives, had been discovered after a long search by Carl Walter.

Invitations were sent to all surviving widows, but only one, Helena Gaston, was able to attend. Letters were received from nearly all absent

members. A booklet prepared from this material has been printed and distributed by the alumni office. Fifty-two members of the original class are still alive.

President Ham appointed Jim Mansfield secretary-treasurer for the next five-year period. An executive committee will also be designated by the president to plan for our 60th reunion.

—Claude Welch



## 50th Reunion

It was a successful reunion! We had a record-breaking turnout and everyone said they had a good time. We started with a renewal of our 50-year association at a cocktail party on Thursday evening held in the Minot Room of Countway Library. There was the portrait of George Minot, one of the revered members of the great faculty of our time.

A distinguished member of our class, Henry Work, was a speaker in one of the Thursday afternoon scientific seminars. On Friday Lewis Thomas spoke to us after dinner at the Union Club. There was a high level of congeniality that evening, and hearing Lew present his stimulating and thoughtful ideas was indeed special. On Saturday the weather and Janet and Joe Frothingham were good to us. We met at their lovely home on the shore in South Dartmouth for a clambake, the finale of our great 50th.

—Robert E. Brownlee

## 45th Reunion

On Thursday evening, after the scientific programs, 56 of us enjoyed dinner at the country club in Brookline. As at our 40th five years ago, the weather was, to use that quaint New England term, "uncertain." Friday morning, the sun came up for part of the day and we enjoyed the illuminating, informative, and sometimes amusing Alumni Day presentations.

Twenty-five classmates, spouses, guests, and the lovely Vanessa—daughter of the Elmer Rigbys—assembled at the Continental terminal in Logan Airport and waited for weather to clear. A vintage DC-3, so familiar to many of us from our military days, lumbered off safely to Nantucket. A few mariners came by ferry, bringing our total to 42. Some luggage was

lost, most of it arrived, all of it was eventually found, and a happy social hour and excellent banquet at the Jared Coffin House followed.

Saturday was sometimes sunny and sometimes not. A bus tour of Nantucket, for others a bicycle ride, shopping strolls, a trip to the Whaling Museum, and a number of other high points kept us busy through the day. That evening, a New England lobster dinner was the menu at the lovely Harbor House overlooking the water.

Don Fawcett and Bill McDermott entertained us with magnificent photos of their experiences in Africa. Bill told us about his several trips as a visiting professor and provided some interesting insights into diseases most of us never see, let alone hear about. His pictures of wild animals were superb. Don gave us more of the same with some exceptional close-ups. Both demonstrated their indomitable spirit and speaking skills, refusing to be daunted by the electronically-reinforced dance band only a thin wall away.

On Sunday, Charlie Hutter and Mel Osborne boated 26(!) big bluefish in a single hour of surface-plug casting off Great Point. Through the morning and afternoon, we made our way via ferry and DC-3s back to the mainland.

Oley Paul is to be thanked for his

painstakingly correct and extremely interesting pamphlet on class biographical notes, highlights of which he cited at the country club dinner. Mel Osborne deserves the lion's share of credit for the arrangements and for his amazingly accurate anticipation of everything that might go wrong but fortunately did not. Thanks are also due for the great assistance provided by Jane Bruno and Ralph Travis in the alumni office.

During the waning hours of the reunion, a few members expressed their delight with the occasion by suggesting the '42ers consider another reunion sooner than the one which is now planned five years away. Mel would be glad to receive any expressions of interest.

—Alan D. Callow

## 40th Reunion

The final tally is yet to be made, but the attendance of the Class of 1947 at our 40th reunion must have almost surpassed the record. The high points:



the dinner at the Tavern Club; the Cigarroas and the McMurreys from Texas; the offspring (Lasley, Peete, Porell) and the wives in attendance; a gratuitous shower for the Montellos, courtesy of your ever-considerate class agent; Jasonville Jim Davis commandeering a bus for a trip to the Tavern

Club. The acme: Sandy's well-thought-out explanation of how we made it in the first place. Special thanks to treasurer Jim Shannon and editor Nate Brackett. To summarize: WOW!

—John A. Duggan



## 35th Reunion

Sixty members of the Class of '52 gathered in Quincy Market's Parrish Room Thursday night to start our 35th off right. Friday's Alumni Day was especially memorable in that George Bascom unexpectedly received the first Unsung Hero Award. A non-academic member of an older reunion class (and we're getting there!) is designated for this award. We had the pleasure of hearing George recite some of his poems at Alumni Day ceremonies, and he was deservedly given a standing ovation.

Friday night, about 50 of us moved to one of Cape Cod's finer hostleries for the weekend. There we renewed, recounted, recollected, and reviewed old reunion pictures. Humor abounded while the serious side of aging and incipient retirement were also given their due. We truly missed *all* you non-returnees, so please don't fail us next time.

—Will Cochran

## 30th Reunion

The Class of 1957 opened its reunion weekend in the Arcadian setting of the Wellesley College Club, overlooking Lake Waban. Bathed in evening sunlight, 90 class members and their spouses gathered for drinks and dinner. On surveying the assemblage someone quoted Ada Louise Huxtable: "It is fine to reach 50 with *style*!" A high point of the evening was provided by class agent Al Crum who reflected on the class's winning percentage of contributions to the alumni fund (87%), which earned him the sobriquet "the Arm."

After Friday morning's intellectual activities in the quadrangle, 70 people fled to the Cape, and found it braced in fog and drizzle that was soon to blow away. The Wequassett Inn was the scene for the next segment of social activities, shared with



the Class of 1952. A cocktail party and sit-down dinner brought everyone together Friday evening. Saturday was a glorious sunny day, stimulating heavy action on the tennis courts, where weekend athletes risked death and disability. Others flocked to the beach or took day-trips to local attractions.

Saturday evening gathered momentum with a shore dinner and clam-bake. Entertainment was provided by guitar-playing 'Happy Hank' Onken and impromptu vocalists, including Simmons, McIntyre, McFee, and others. Dancing until midnight followed. The weekend wound up with a generous Sunday brunch, during which our fears of cholesterol were thrown to the winds. Fine weather blessed our final exodus.

One poignant note: Missing from the festivities was Lon Curtis, who died on June 24th, following a long illness. He left as a memorial the 'red book' of class biographies, which he graciously agreed to edit (as he had in 1982) for the reunion.

—Peter Yurchak

## 25th Reunion

In the words of the famous bard, Jackie Gleason, "How sweet it is." The Class of 1962 returned for its 25th reunion and left with a renewed sense of friendship and camaraderie, and the feeling that it was a lot more fun than they expected it to be. We should be proud of the accomplishments of our class and the exceptionally fine participation in both the scientific symposia and the Alumni Day program. Equally admirable are the number who came back to support these programs.

The festivities started off on the quiet side with a small gathering of about 15 classmates and spouses for a cocktail party Wednesday evening. We gathered momentum with the Thursday morning symposium on infectious disease, moderated by Jerry Keusch. The highlight of a mid-day luncheon was the appearance of Fred "Dr. J." Stillman in a long leg cast and wheelchair (the consequences of



thinking young and acting immature). The afternoon symposium moderated by Michael Bennett focused on the role of psychiatry in public health.

We gathered on Thursday evening at the downtown Harvard Club where 130 of us, including 67 class mem-

bers, spouses, and special guests—Dean and Dr. Tosteson, Dr. and Mrs. Joseph Gardella, Dr. Harold Amos, and Dr. and Mrs. Guido Majno—sat down for a fun evening. The food and drink were good, the camaraderie exceptional, the evening too short, and the musical trio too loud.



On Alumni Day, we sat rapt with attention as Palmer Beasley, Jerry Keusch, and Henry Vaillant, along with George Bascom of the Class of '52, brought back memories and provoked our imaginations during a fine morning program moderated by Bill Donahue. Bill was exceptionally restrained, and for this, Jean should be commended.

About 75 of us, including 40 classmates, retired to the Chatham Bars Inn for the remainder of the weekend, which included dinner on Friday night, a whale watch on Saturday, a wonderful musical interlude provided by Ken McIntosh and Dick Dobrow, and a festive clambake on the beach Saturday evening. An informal "round robin" mixed doubles tennis tournament was held, and the dynamic duo of Paul and Lynn Courant came in first and second respectively. They will probably be barred from future events.

To all who returned for the reunion, the reunion committee is grateful. We had a great time and we hope you did too. To those who could not make it because of other commitments, please reserve a few days five years from now for a superb 30th reunion. Finally, to those who could not make it or did not reply, I hope you'll have a change of heart and

remember that the reason for coming back to reunions is the people, regardless of your feelings for the school. On to the 30th!

—Sam Kim

## 20th Reunion

Hmm . . . 20. We all wondered where everyone was, more in personal life than career. It was clear from our 'red book' that everyone who wrote anything wrote about family—its growth or shrinkage, its travels, its meaningfulness.

We first came together on Thursday evening for cocktails at Mel Lurie's house. Catching up on five years of life is always fun, and we enjoyed ourselves. Jim Kahn finally made it to a reunion and had a full 20 years to relate.

And there was something else in the air—the memory of the openness that "happened" at our previous

reunion's banquet at the Tavern Club. There, we had shared the ups and downs of our lives with each other, at a depth as surprising as it was meaningful. Our focus this year on that reunion was capped by a much appreciated class newsletter put together by Tom Gutheil and others of us, distributed at the Thursday evening cocktail party. Its theme was the candor of our previous reunion, and the hope that it would be repeated in this one.

Friday night. The Tavern Club. One of those "old boy" men's clubs that exist in the nooks and crannies of Boston's downtown, the club's wooden beams and red leather chairs are reminiscent of Vanderbilt Hall and other ivy gathering places. Again, we had a huge round table, more like a fusiform aneurysm to the anatomists among us. As the turnout was much greater than at our previous reunion, we needed an extra table, but it didn't spoil what was to come.

Emceed by Harris Funkenstein, things started to roll pretty much as we had hoped. Mel Lurie talked about practice issues: the loss of patient advocacy that occurs when a doctor is even one step removed from direct patient care, the consequent inability of encroaching bureaucracies to properly consider individual patients and doctors involved in day (to night) to day existence in the clinical trenches.

Ira Morris emphasized that we HMSers are far from being the bad apples in the clinician barrel. Two courageous surgeons talked about what it's like to be attacked by the medical-malpractice flank of society. John Wesley told of his approach to families when an outcome was less than had been expected.

On it went, though without the expected focus on personal issues. Perhaps those issues had been resolved at our 15th, allowing us to focus on medical matters this time. In any case, there was candor, and that is what really counts.

Saturday morning broke bright and clear. We arrived leisurely at Dick Shulman's home on the Rhode Island shore. Some of us talked about societal issues like AIDS, others of us discussed hospital politics and conflicts. We swam, played volleyball, ate swordfish-ka-bob, and said our good-byes, all vowing to reunite in '92 for our 25th!

—Mel Lurie



## 15th Reunion

The Class of 1972 celebrated its 15th reunion on June 11-13. Activities began on Thursday evening with a cocktail party at the home of Tony and Ann Bajart Schemmer in Brookline. The weather was kind, the food was good, and the atmosphere conducive to comparing notes on our activities during the past five years. On Friday, 40 classmates and spouses joined for a dinner at the Parris Room in Faneuil Hall Marketplace for a very pleasant buffet dinner. Saturday's activities included families and scores of lobsters as the reunion continued with a clambake at the Belmont Hill Club hosted by Ned Cabot. Children and adults of all ages had an informal time swimming, playing tennis, and partaking of a juicy clambake. We look forward to our 20th reunion which will be here before we know it.

— Ann M. Bajart

The progeny of the Class of 1977 surfaced in force on Saturday. Watching them with their sand-toys, one could not help but be reminded of their mothers and fathers 13 years ago in biochemistry lab. The "Long Distance Award" went to Charlie Ryan, who came all the way from Alaska with

his son and a story about a recent sighting of Andy Embick.

By the way, Paul Shellito still has a lot of liquid refreshment left over, so call him at MGH if you need a few cases of anything at all.

— Kerry L. Bloomingdale



## 10th Reunion

The reunion provided the Class of 1977 the opportunity to renew old acquaintances. The cocktail party on Friday night at Dori Zaleznik's succeeded because of the efforts of Dori, Paul Shellito, and Mike Zaslow, and because of a plentiful supply of Armenian meat rolls, which fueled everyone well into the evening. We enjoyed hearing about: Mike Cari's reluctant trips to Riverfront Stadium from his new home in Cincinnati, despite his having been born and bred in the long shadow of Yankee Stadium; the sexual inadequacy of a dog belonging to Carmen Puliafito and Janet Pine; the adversities of Penny Blackshear's psychiatry rotation 11 years ago; and many other fascinating stories.

Those who came to the beach on Saturday heard in depth about the vicissitudes of being "10 years out."





## The Travel Program Of Alumni Flights Abroad



This is a private travel program especially planned for the alumni of Harvard, Yale, Princeton and certain other distinguished universities. Designed for the educated and intelligent traveler, it is specifically planned for the person who might normally prefer to travel independently, visiting distant lands and regions where it is advantageous to travel as a group. The itineraries follow a carefully planned pace which offers a more comprehensive and rewarding manner of travel, and the programs include great civilizations, beautiful scenery and important sights in diverse and interesting portions of the world:

**TREASURES OF ANTIQUITY:** The treasures of classical antiquity in Greece and Asia Minor and the Aegean Isles, from the actual ruins of Troy and the capital of the Hittites at Hattusas to the great city-states such as Athens and Sparta and to cities conquered by Alexander the Great (16 to 38 days). **VALLEY OF THE NILE:** An unusually careful survey of ancient Egypt that unfolds the art, the history and the achievements of one of the most remarkable civilizations the world has ever known (19 days). **MEDITERRANEAN ODYSSEY:** The sites of antiquity in the western Mediterranean, from Carthage and the Roman cities of North Africa to the surprising ancient Greek ruins on the island of Sicily, together with the island of Malta (23 days).

**EXPEDITION TO NEW GUINEA:** The primitive stone-age culture of Papua-New Guinea, from the spectacular Highlands to the tribes of the Sepik River and the Karawari, as well as the Baining tribes on the island of New Britain (22 days). The **SOUTH PACIFIC:** a magnificent journey through the "down under" world of New Zealand and Australia, including the Southern Alps, the New Zealand Fiords, Tasmania, the Great Barrier Reef, the Australian Outback, and a host of other sights. 28 days, plus optional visits to South Seas islands such as Fiji and Tahiti.

**INDIA, CENTRAL ASIA AND THE HIMALAYAS:** The romantic world of the Moghul Empire and a far-reaching group of sights, ranging from the Khyber Pass and the Taj Mahal to lavish forts and palaces and the snow-capped Himalayas of Kashmir and Nepal (26 or 31 days). **SOUTH OF BOMBAY:** The unique and different world of south India and Sri Lanka (Ceylon) that offers ancient civilizations and works of art, palaces and celebrated temples, historic cities, and magnificent beaches and lush tropical lagoons and canals (23 or 31 days).

**THE ORIENT:** The serene beauty of ancient and modern Japan explored in depth, together with the classic sights and civilizations of southeast Asia (30 days). **BEYOND THE JAVA SEA:** A different perspective of Asia, from headhunter villages in the jungle of Borneo and Batak tribal villages in Sumatra to the ancient civilizations of Ceylon and the thousand-year-old temples of central Java (34 days).

**EAST AFRICA AND THE SEYCHELLES:** A superb program of safaris in the great wilderness areas of Kenya and Tanzania and with the beautiful scenery and unusual birds and vegetation of the islands of the Seychelles (14 to 32 days).

**DISCOVERIES IN THE SOUTH:** An unusual program that offers cruising among the islands of the Galapagos, the jungle of the Amazon, and astonishing ancient civilizations of the Andes and the southern desert of Peru (12 to 36 days), and **SOUTH AMERICA**, which covers the continent from the ancient sites and Spanish colonial cities of the Andes to Buenos Aires, the spectacular Iguassu Falls, Rio de Janeiro, and the futuristic city of Brasilia (23 days).

In addition to these far-reaching surveys, there is a special program entitled "**EUROPE REVISITED**," which is designed to offer a new perspective for those who have already visited Europe in the past and who are already familiar with the major cities such as London, Paris and Rome. Included are medieval and Roman sites and the civilizations, cuisine and vineyards of **BURGUNDY AND PROVENCE**; medieval towns and cities, ancient abbeys in the Pyrenees and the astonishing prehistoric cave art of **SOUTHWEST FRANCE**; the heritage of **NORTHERN ITALY**, with Milan, Lake Como, Verona, Mantua, Vicenza, the villas of Palladio, Padua, Bologna, Ravenna and Venice; a survey of the works of Rembrandt, Rubens, Van Dyck, Vermeer, Brueghel and other old masters, together with historic towns and cities in **HOLLAND AND FLANDERS**; and a series of unusual journeys to the heritage of **WALES, SCOTLAND AND ENGLAND**.

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